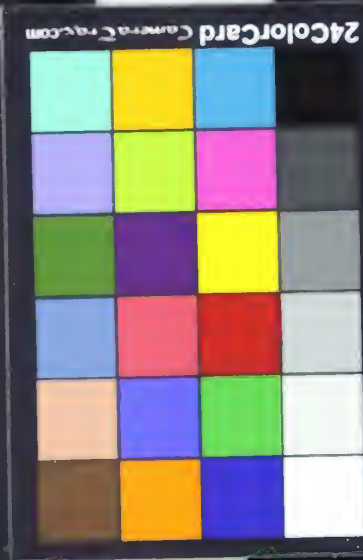


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16 August 2005

The number one selling and Pharmacy only!

CLINICALLY PROVEN
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Ibuleve. The undisputed brand leader in its category. Ibuleve's special formulation is absorbed up to five times more effectively than other common topical ibuprofens¹.

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Agreement on
existing needs
for pharmacists

Scottish Exec
gives update on
IT for pharmacy

Booze bills out
warning for new
pharmacists

Which are the
best to develop
leadership skills



It's not every day a treatment comes along that suits almost all of your customers



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References 1 IRI sales scanned price all outlets MAT 22 Jan 2005 2 Consumer research September 2002

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See Full Marks Solution on TV – Wednesday 24th August



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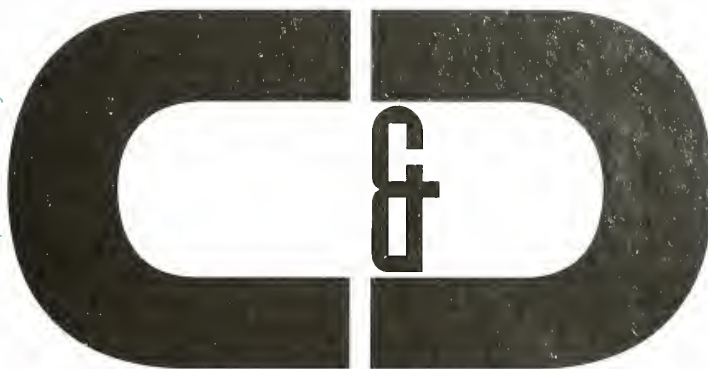
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Practice payment terms are agreed

The Department of Health and PSNC have published joint guidance on claiming practice payments for the new pharmacy contract.

In particular it deals with staffing requirements and how this will relate to prescription numbers. The guidance stipulates that, from October 1, if pharmacies have less than the minimum staffing levels, they will be penalised by only receiving the level of the practice payment for the number of items indicated by their actual level of staffing.

The guidance says that all staff supporting the dispensing process can be counted in the declaration of dispensing staff levels. This

How the *Drug Tariff* will look

Number of items per month	Minimum Dispensing Staff (number of hours per week)*
2,000 – 3,499	40
3,500 – 4,999	56
5,000 – 6,499	75
6,500 – 7,999	94
8,000 – 9,499	112
9,500 – 10,999	131
11,000**	150

*Dispensing staff include: a pharmacist; a non-practising pharmacist working as a dispenser, a pre-registration trainee (only half of the pre-registration trainees' hours should be counted for this purpose) or an assistant in the dispensary trained to undertake the functions being performed.

**Pharmacy contractors will be required to employ a staff member for an extra 19 hours for each additional 1,500 items the pharmacy contractor dispensed per month above 11,000 items.

The 'dispensing process' includes:

- The taking in and issuing of prescriptions.
- Dispensing prescriptions.
- Clinical assessment of prescriptions and accuracy check of dispensed items.
- Stock ordering and putting stock away.
- Preparation and assembly of medicinal products.
- Resolving queries related to prescriptions.
- Counselling patients on their prescriptions.
- The administration necessary for the payment of prescriptions (eg endorsing and filing prescriptions).

includes pharmacists, pharmacy technicians, dispensing/pharmacy assistants and medicines counter assistants, working on a full or part-time basis and when the pharmacy is closed, for example, dispensing repeat prescriptions/restocking the dispensary.

Where a staff member has multiple roles only the number of hours spent supporting the dispensing process may be counted in the staffing declaration.

Pharmacists may also include staff who are absent from work either on sick or annual leave, and vacant dispensing support posts, providing active efforts are being made to find a replacement. PCTs will monitor compliance with

these requirements, and may wish to look at payroll and other evidence of employment if they have concerns about the validity of the declaration.

PSNC and the DoH have also changed the system of 'rounding' to the nearest full-time equivalent staff member. From October 1, pharmacies should declare the total number of hours that staff members supporting the dispensing process work in an average week.

The total number of hours declared on Form FP34C should then be rounded down to the nearest whole number if the number is 0.5 hours or less, and if it is more than 0.5 hours, rounded up. **AC**

Retention fee structure revealed

Retention fees for 2006 will go up by £11 to £267 for practising pharmacists, and from £46 to £60 for non-practising members, the Royal Pharmaceutical Society announced this week.

Non-practising pharmacists who have been on the Society's Register for over 50 years will be charged a reduced rate of £20 in recognition of their service to the profession. The RPSGB Council has also agreed a new rate of £106 for members who either work, or are resident, overseas, and do not practice in Great Britain.

Retention fees are set to rise to £88 for practising technicians and £67 for non-practising technicians, and those who apply to join the Register between October and December 2005 will not be exempt from paying a separate fee next year. The charge to retain premises on the Register will grow from £137 to £160.

The increases mark a change to the retention fee structure agreed by the previous Council. However, although last week's Council meeting agreed that charges for practising pharmacists, registration, reciprocity, restoration, pre-registration and adjudication would go up by 3 per cent, further decisions – including the introduction of new categories – resulted in practising pharmacist fees rising by 4.3 per cent.

Council's decision to amend the fee structure requires a change in the Society's bylaws. This is subject to a 60-day consultation period, which starts on August 13, and then will be considered by the Privy Council. **AF**

Council agrees £870,000 refurbishment programme for Lambeth

The Royal Pharmaceutical Society's Council has approved an £870,000 refurbishment of part of the Society's Lambeth headquarters to accommodate the enlarged Council.

Work to change the downstairs assembly hall area into a Council meeting chamber with "state of the art" facilities will begin in December and is expected to last 38 weeks, Bernard Kelly, the Society's finance and resources director, said at last Wednesday's Council meeting.

Building, mechanical and structural engineering specialists have been consulted and the costs estimated at £870,000 inclusive of fees but excluding VAT. However, Mr Kelly said he expected the RPSGB to be able to reclaim the majority of the VAT.

During the debate, Council treasurer John Jolley asked if the RPSGB could ensure there would be "no slippage on costs" by using guaranteed tenders. But Mr Kelly said that, although the RPSGB had a "good history of sticking to

budget", some of the structural work could not be identified until "the fabric of the building had been opened up".

Council agreed earlier this year that the first floor and basement areas were overdue for refurbishment and that the public spaces "no longer represented the image which the Society would wish visitors to have". As well as accommodating the 30-strong Council, the Society intends to hire out the new facility to generate income. The new

facilities will be compliant with current disability legislation, and incorporate air-conditioning and better light for the basement area.

Council had planned to minimise disruption by delaying the building work until December but the Society's AGM and the Branch Representatives' meeting will need a new venue next year.

The first floor, where the current chamber is, is also overdue for refurbishment and work will start in 2007, Mr Kelly told Council. **GP**

Inbrief

BPC for free

C&D is offering readers free one-day tickets to this year's British Pharmaceutical Conference, held in Manchester's International Convention Centre from September 26 to 28.

To win one of the 50 tickets up for grabs, simply send your name, address, phone number and RPSGB registration number to C&D by post, e-mail or fax as listed below. But be quick, as it's first come first served.

Send your details by post to Jan Powis, Win free BPC tickets, C&D, Sovereign House, Sovereign Way, Tonbridge, TN9 1RW or by e-mail to: jpowis@cmpinformation.com or by fax to 01732 367065.

Rx endorsements

The Department of Health and the National Assembly for Wales have agreed to allow NCSO (no cheaper stock obtainable) endorsements for August prescriptions for:

- fenbufen 200mg and 450mg tablets
- orphenadrine 50mg tablets
- sodium cromoglicate 5mg inhaler 112 dose, and
- diamorphine 5mg, 10mg, 30mg, 100mg and 500mg injection ampoules.

PSNI director

Lesley Young has been appointed as the Pharmaceutical Society of Northern Ireland's director of modernisation.

Ms Young is helping to co-ordinate the Society's response to the Government's Foster review, which is considering the regulation of the non-medical healthcare workforce. Her work will also address the introduction of lay members to PSNI's Council and the Society's fitness to practice machinery.

Ms Young, who has taken up the post on a three to six month fixed term contract, previously worked at the Society as business manager and has recently returned from working in a hospital relocation in Melbourne.

Contract checklist

In response to requests for additional copies of the pull out to keep contract checklist (C&D, August 6, centre pages), a PDF version of the Pfizer-sponsored four-page supplement can now be downloaded from our website www.dotpharmacy.com.



Welsh community pharmacists will receive a new 'pharmacist' badge from September. The badge will be a new design, featuring a stylized 'W' and 'P' and the words 'Welsh Community Pharmacist'. It will be issued to all community pharmacists in Wales. The badge will be a new design, featuring a stylized 'W' and 'P' and the words 'Welsh Community Pharmacist'. It will be issued to all community pharmacists in Wales.

SCOTLAND

SEHD delivers ultimatum for minor ailments scheme

Scottish contractors should get their information management and technology (IM&T) systems in place before April 2006 or else they will not be paid for providing the minor ailments service under the new pharmacy contract, the Scottish Executive has stated.

In an ePharmacy programme update published on Tuesday, the SEHD said that the intention is to deliver the minor ailments service from April on an e-basis only and that only contractors claiming payment on an electronic basis would be paid (unless there is an e-system failure).

Noting that the SEHD was already working on an electronic payment functionality (epay), Hamish Wilson, head of primary care division, hinted that there would be eMAS-enabled systems from AAH and Enigma before the end of this month, adding to the Cegedim system already in

operation (C&D, July 23, p8).

Mr Wilson said: "Contractors' IM&T and PMR suppliers operating systems must meet the service specifications by, and ideally before, April 2006."

The update is the second warning that contractors have had regarding the need to upgrade their IT equipment ahead of the new pharmacy contract. In March, the SEHD advised contractors to ensure that all necessary upgrades or procurements were completed by the end of September.

Highlighting the SEHD's progress towards implementing its ePharmacy programme, Mr Wilson said the N3 connection programme for community pharmacy was due to be completed by the end of the autumn and would be followed by a migration programme for pharmacies on NHSnet.

The intention is to order the implementation of the new Scottish pharmacy contract from April 2006, according to the availability of supporting e-applications.

The SEHD is also funding a network of centrally-funded community pharmacy information management and technology (IM&T) facilitators.

Commenting, Frank Owens, chairman of the Scottish Pharmaceutical General Council, said: "Rollout of eMAS and the public health service component requires contractors to have appropriate e-enabled PMR systems at their disposal and that suppliers have their eMAS solution and that training is provided in advance of the national rollout."

SPGC said it would be contacting PMR suppliers to ensure readiness for eMAS. **AC**

Boots 'Aspires' to offer end-to-end pharmacy training

Aiming to fulfil chief executive Richard Baker's promise to put the chemist back into Boots, the company has launched a development programme for newly qualified pharmacists.

Called *Aspire*, the modular programme is completed over four years. More experienced pharmacists can also pick specific parts of it to help support their development needs.

According to Jane Blackburn, Boots's head of professional capabilities, the company is "investing heavily" in the programme, which is part of the company's pharmacy retention strategy.

"We have acknowledged that there was a need to encourage newly qualified pharmacists and improve what we had in pharmacist development," she said. "*Aspire* is comprehensive and structured and assessed as the course



progresses over the four years."

Aspire builds on the pre-registration year training already offered by Boots. More than 300 pharmacists in area groups of 15-20 will be placed on the course in the first year.

The first year, *Understanding the Pharmacy Business*, contains modules entitled *Getting off to a Great Start*, *Knowing Where we're Going*, *Doing Things Right*, *Understanding the Bigger Picture*

and *Putting it all Together*.

Ms Blackburn describes the first-year programme as 'holistic' in that it covers everything a pharmacist would need to know in their work.

All first-year students will have a mentor and be led by an experienced team. They will be assessed before progressing to the next year of the course.

The second year comes under the *Managing the Pharmacy Business Umbrella*, followed by *Leading the Pharmacy Business in Year Three* and *Advanced Skills Development or Specialisation* in the fourth year.

Ms Blackburn says previously Boots only offered newly qualified pharmacists a one-off conference as training.

"*Aspire* will ingrain learning in a more effective way," she explains. "We have looked at the gaps in our training package and have now filled them in." **JE**

Assembly alters contract terminology

The Welsh Assembly has changed some of the terminology of its new pharmacy contract to ensure consistency with the definitions used in the general medical services contract. The enhanced tier of services has been replaced by:

- locally extended services
- national enhanced services
- directed enhanced services.

Locally enhanced services will be commissioned by the local health board to meet local needs. Service specifications will be available from PSNC and Community Pharmacy Wales.

National enhanced services should conform to the nationally agreed specification and service level agreement. There are plans to develop services for:

- supervised consumption of prescribed medicines
- needle exchange services
- advice to care homes
- minor ailment schemes.

Direct enhanced services will be steered by the Welsh Assembly and must be provided by all LHBs in Wales.

English board concerns raised

A Royal Pharmaceutical Society Council member has raised his concerns about the establishment of a national pharmacy board for England.

John Gentle voted against the establishment of a board for England at last week's Council meeting, not as suggested in last week's report (*C&D*, August 6, p8).

We stated incorrectly that other than one abstention, Council members had all supported a board for England when in fact, Mr Gentle voted against.

However, he is in favour of boards for Scotland and Wales.

Mr Gentle told *C&D* this week: "I believe that there is a clear desire for pharmacists in Scotland and Wales to have a greater degree of running their own local affairs and with health policy being devolved to the Parliament and Assembly, there is a mechanism for them to do so."

But he added: "I believe the situation in England to be different. I do not believe that there is a clear desire amongst English pharmacists for an English board."

Mr Gentle said that Council was told "not to assume that the



results of this consultation represent the views of the wider membership" as only 212 individual members responded to the consultation. "Of the five local branches which responded, only one from England favoured an English board while one did not. All supported boards in Scotland and Wales," he said.

"It is not clear to me where an English board would get a better deal for my pharmacy, or anyone else's," he said. "No one has explained to me why an English board would be better than the current system." He thought there could be problems if an English board disagreed with the Council, leading to confusion over who exactly represented English pharmacies. **CRG**

Inbrief

Bigger Ceuta

Marketing company Ceuta Healthcare is seeking European partners to help promote pharmacy products on the continent.

The company, whose clients include GlaxoSmithKline, Bayer Consumer Care and Reckitt Benckiser, aims to form a "formidable alliance" with a "professional partner in every European market".

Ceuta will offer partners extensive experience in developing brands, according to the company. The healthcare firm plans to capitalise on the deregulation of European countries.

Reports on CD

AAH Pharmaceuticals is offering its customers monthly management reports on CD-Rom.

The electronic reports include cross-referenced invoices, credit notes and statements in both digital and PDF formats.

Data can be organised by supplier, product or individual invoice. The data can be pasted into Microsoft Excel.

The reports can also be used as a 'Recognised VAT reference document' if approval is obtained from local VAT inspectors, says AAH. Further details are available from AAH account managers.

Alliance bags logo

Alliance Pharmacy is to print the Diabetes UK logo on its prescription bags to help raise awareness of the charity and condition.

The logo, which will be used until December this year, will appear on bags used for people collecting their insulin prescriptions. The pharmacy chain, which chose Diabetes UK as its charity of the year, expects to distribute about 150,000 bags with the logo.

Questiontime

This week's question:

How would you rate pharmacists' leadership skills?

- Good – happy to lead pharmacy team
- Fair – but sometimes prefer to be led
- Poor – prefer to get on with own work, rather than lead

You have until noon on August 16 to vote at www.dotpharmacy.com. We will publish the results in *C&D* on August 20.

Help active families with allergies enjoy the great outdoors

Recommend effective allergy relief that's taken just once a day and does not normally cause drowsiness. Piriteze Allergy Tablets and Piriteze Allergy Syrup – what could be better for active families who want to get out there and play?

come out
and play

Piriteze
allergy
syrup

once a day



Piriteze allergy
tablets

one a day

cetirizine
From 12 years and up



cetirizine
From 6 years and up

Piriteze Allergy Tablets and Piriteze Allergy Syrup Product Information.

Presentations: Tablets containing 10 mg of cetirizine hydrochloride. Syrup containing 1 mg/ml cetirizine hydrochloride. **Uses:** Symptomatic treatment of perennial rhinitis, seasonal allergic rhinitis and chronic idiopathic urticaria. **Dosage and administration:** Tablets: Adults (including the elderly) and children 12 years and over: 10 mg daily. Children under 12 years: not recommended. Syrup: Adults and children 6 years and over: 10 ml once daily or 5 ml twice daily. Children under 6 years: not recommended. **Contraindications:** Hypersensitivity to constituents, breast feeding. Syrup: Severe renal impairment. **Precautions:** Use half dose in renal impairment. Tablets: Exceeding recommended dose may affect

driving or operating machinery. Syrup: Caution in impaired hepatic or renal function. Maintain good dental hygiene. **Interactions:** Alcohol. Syrup: concomitant use of CNS depressants. **Side effects:** Drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal upset. Tablets: Very rarely convulsions. Syrup: Somnolence. Very rarely allergic reactions. **Category:** Tablets: GSL (7 tablets) and P (30 tablets). Syrup: GSL. **Product licence:** Tablets: PL 00079/0398 (7 tablets) and PL 00079/0399 (30 tablets). Syrup: PL 00079/0398 (7 tablets) and PL 00079/0399 (30 tablets). **Product licence holder:** Tablets: GlaxoSmithKline Consumer Healthcare, Brentford, U.K. Syrup: Approved Prescription Services Ltd, Brampton Road, Hamoden Park, Brentford, U.K. **Further information available on request from Medical Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Package contents and RSP:** 7 tablets £3.99, 30 tablets £8.79; syrup 70 ml £4.99. **Date of last revision:** 2005. Piriteze is a registered trade mark of the GlaxoSmithKline group of companies.



GlaxoSmithKline
Consumer Healthcare

Bedding in new contract a priority

Ensuring the successful implementation of new primary care contracting arrangements has been set out as a priority for 2005-06 in the Department of Health's *Forward Plan*.

The document highlights five key areas for action over the coming year. These include:

- Improving and protecting the health of the population – with special attention to the needs of the poorest and those with long-term conditions.

- Enhancing the quality and safety of services for patients and users, giving them faster access to services and more choice and control.

- Delivering a better experience for patients and users.

- Improving the capacity, capability and efficiency of the health and social care systems, ensuring that system reform, service modernisation, IT investment and new staff contracts deliver improved value

for money and higher quality.

- Improving the Department's internal and external services.

Within the priority areas, the DoH specifically highlights the prospect of the forthcoming White Paper on out of hospital health and care, improved delivery of Public Service Agreement targets, personalised care plans for the most vulnerable patients with long-term conditions, widening choice in primary care and delivering

effective medicines management.

Sue Kilby, head of practice at the Royal Pharmaceutical Society, commented: "Keeping people out of hospital, encouraging people to take greater self-care, pharmacists with special interests – these are all potential opportunities for community pharmacists. There is a need for those looking to implement the plan to fully consider the contribution community pharmacists can make."

AC

Numark own-brand sales soar as it keeps medicines cool

Symbol group Numark has reported record-breaking summer sales for its own-brand products.

Like-for-like sales increased 10.3 per cent in the first six months of 2005, with June figures 18 per cent higher than any previous month.

Andrew Sollitt, marketing director at Numark, said this was

"especially gratifying" given the static OTC market.

New allergy products including its Loratadine Liquid, Allergy Eye Drops and Antihistamine Solution helped boost P medicine sales by over 22 per cent in 2005, claimed Numark.

Numark's private label range comprises over 360 products,

according to the company.

- Numark has reassured pharmacists that all but one of its VMS and herbal range meet the *European Food Supplements Directive* standards. The final product is still awaiting clearance.

- Numark is offering a range of air conditioning units with improved efficiency, with energy

savings of up to 40 per cent compared to conventional units.

Numark points out that a new Government incentive entitles purchasers to a 100 per cent write down for the first tax year. Numark is also offering a lease option for long-term or short-term unit rentals. Call 01827 841200 for more information.

DERMATOLOGICAL



NUMARK'S HEALTHCARE

Prescribing Information: E45 Itch Relief Cream, E45 Itch Relief Cream contains lauromacrogols 3.0% w/w and 5.0% w/w. Uses: For the treatment of pruritus, eczema, dermatitis and scaling skin conditions where an

be used for the continued treatment and follow-up treatment of these skin diseases. Dosage and administration: Adults, the elderly and children: Apply to each affected area twice a day. The duration of treatment

Patients with known hypersensitivity to any of the ingredients. It should not be used to treat acute erythroderma, acute inflammatory, oozing or infected skin lesions. Special warnings and precautions for use:

Pregnancy and lactation: There are no specific restrictions concerning its use during pregnancy, but it is not to be used on the breasts immediately prior to breast feeding during lactation. Undesirable effects: E45 Itch Relief

erythema, pruritus or the formation of pustules. allergy has also been reported. Package quantity and 100g tubes. MRRP: 50g £3.39, 100g £5. category: GSL. Product licence number: PL 003.

NPfIT programme at risk without support of staff

The implementation of the national programme for information technology is at risk because NHS staff responsible for its implementation feel demoralised, a study published in the *BMJ* has found.

Researchers from the Department of Public Health and Policy at the London School of Hygiene and Tropical Medicine interviewed 23 senior managers and clinical staff at four hospital trusts in England. *Challenges to implementing the national programme for information technology (NPfIT): a qualitative study* found that frontline staff felt disengaged from the process by the lack of communication from NPfIT headquarters.

The report concluded that this posed a threat to getting the programme up and running by 2007 as planned, in spite of the Government allocating an extra £2.3 billion for NPfIT three years

ago to speed up implementation. Staff remain unsure about implementation schedules and what funding would be available locally to support this and believe the aim for electronic patient records to be introduced in all acute NHS trusts within two years is unrealistic.

The study urged managers of the NPfIT programme to show as much commitment to "overcoming the sociocultural challenges of implementation as they have to its technological and logistical demands".

Croydon pharmacist Beran Patel, whose Brigstock Pharmacy was the second in England to join the NPfIT programme, has no complaints about communication with the NPfIT or with hardware supplier AAH and said he is happy with the way his installation has progressed.

However, he said the funding issue was still unresolved with



"nothing clear cut from the PCIT as yet". He believes Government has a wish list of funding for reform that can never be fulfilled.

Mr Patel said the second phase of the installation would be going live in two months' time. "We have signed up Brigstock Medical Centre. This is a practice of 14 doctors handling 400-500 prescriptions a day and will be a major test of our ETP system." **JE**

CSM gives NSAIDs green light for CV risk

The Committee on Safety of Medicines has concluded its review into the cardiovascular safety of NSAIDs by saying no changes to prescribing practice are necessary.

There is not enough evidence to compare the cardiovascular safety of naproxen, ibuprofen and diclofenac relative to each other or selective Cox-2 inhibitors, said the CSM. Any NSAID cardiovascular risk is likely to be small and associated with continuous long-term use and high doses, it added.

Over the counter ibuprofen has an excellent safety record, particularly in terms of gastrointestinal side effects, and the doses available are unlikely to be associated with any measurable increased risk, the CSM said.

However, it warned that "the absence or paucity of evidence" did not mean there was no risk with other NSAIDs. It said more studies are needed. **AF**

The 'itch' of eczema is recognised by doctors and sufferers alike to be the worst symptom of the condition, causing sleep disturbance in 85% of cases.

We've drawn upon 50 years of skincare experience to formulate E45 Itch Relief Cream specifically to help ease this distress.

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Pharmacists 'missing opportunity' for vet sales

An estimated 88 per cent of the UK's community pharmacies are missing an opportunity to enhance their income by not selling pet medicines, according to the RPSGB Veterinary Pharmacists Group.

Furthermore, pharmacists, as well as advising on animal welfare, have an important role in public health by educating clients on how to avoid catching zoonotic diseases from their pets, Andrew Cairns, chairman of the Veterinary Pharmacists Group, told over 50 delegates at the group's annual conference last month in Telford, Shropshire.

Delegates also heard from Steve Dean, chief executive of the Veterinary Medicines Directorate,

about the Veterinary Medicines Regulations 2005, which are due to come into force in October.

Mr Dean explained that under the legislation the Pharmacy category of veterinary medicines will be scrapped and merchants given more involvement (*see box*). But he said that pharmacists could still operate effectively.

Delegates also heard that the results of the Marsh and Competition Commission reports dealing with changes in the distribution of POM medicines by vets would be addressed by the Department of Trade and Industry in the near future.

At a dinner prior to the conference, Mr Cairns presented former VPG chairman Douglas



Davidson with a certificate marking his outstanding contribution to veterinary pharmacy over more than 30 years. Michael Jepson and Steven Kayne were also honoured for their work in the Society's veterinary pharmacy education programme.

The first in a series of six articles on veterinary pharmacy is published in this issue of *C&D* on page 17.

The new classifications

The Veterinary Medicines Directorate plans to revise the classification of veterinary medicines – prescription-only (POM), pharmacy and merchants list (PML), pharmacy (P), and general sales (GSL) – as follows:

- POM will re-named POM-V
- PML will be split into POM-

VPS (can be supplied by vet, pharmacist or suitable qualified person) and NFA (non-food animal)-VPS

- P medicines will move into either POM-V or POM-VPS
- GSL products will be reclassified as Authorised Veterinary Medicine (AVM)-GSL

Children get their own BNF

BNF for Children is a new practical and authoritative information source for all health professionals involved in administering medicines to children.

Published by the Pharmaceutical Press, the publications division of the RPSGB, the paperback contains information on drugs in common use for children as well as guidance on topics ranging from prescription writing to reporting adverse drug reactions. It also gives advice on licensed and



unlicensed medicines and 'off-label' uses of licensed medicines.

Dosing guidance for children, from birth up to the age of 18, is also included.

BNF for Children is published next month and will be available as a 920-page paperback or as a £60 (+ £10.50 VAT) CD-Rom.

For more information:

www.bnf.org

E-mail:

customerservice@pharmpress.com

Tel: 0800 731 6843

Fax: 0800 731 8258

PSNI favours technician registration

Technician registration is to be factored into the Pharmaceutical Society of Northern Ireland's business plan, following overwhelming support from pharmacists.

Over four-fifths of Northern Ireland's pharmacists voted in favour of registration in a three-month consultation until July.

Only 10 per cent of respondents said no to registration, citing concerns such as the PSNI's capacity to register technicians. PSNI Council says it is addressing staff structure, premises and resources. The Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training (NICPPET) has also recruited a technician CPD facilitator.

CHRE issues Foster review warning

The review into the regulation of healthcare professionals should consider best practice rather than the number of organisations, the overarching regulator has said.

Focusing on the number of regulators would divert effort away from identifying implementing best practice and delay the pace of change required to bring about reform, said the Council for Healthcare Regulatory Excellence. Any regulatory change should be based on evidence, including experience of non-health sectors in the UK and stakeholders, adds CHRE in its response to the Foster review's "Call for Ideas" (*C&D*, July 16, p13).

Establishing bodies to regulate new health roles would be "anachronistic" when the existing regulators are looking to become consistent and harmonised, says CHRE, suggesting that such regulation should be kept within existing regulatory structures by creating supplementary registers or adding categories to existing registers. It cites pharmacy technicians joining the Royal Pharmaceutical Society's Register as an example of where the latter can work, saying practitioners working in predominantly supervised environments should be regulated within their team.

RPSGB corporate and strategic development director Rob Darracott told last week's Council meeting that the Society was still finalising its response to the Foster consultation. Calling the review "clearly significant to the future of the Society", Mr Darracott said its remit posed "an explicit threat" in deciding whether changes needed to be made to the role, structure, functions and number of regulators. However, the representation of the RPSGB on the review's advisory group had provided an opportunity "to influence at the heart of the review", he added.

Comments should be sent by August 20 to Andrew Foster, DoH, Richmond House, 79 Whitehall, London SW1A 2NS or hrrdlisting@dh.gsi.gov.uk. **AF**

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Taking soundings

An AAH Pharmaceuticals survey has taken fresh soundings of the pharmacy market to uncover views about the current health agenda and the future shape of community pharmacy. Steve Dunn reveals the mood of the market

Topline findings suggest there is a mix of fear and anticipation about the contract, with independents the most sceptical about their ability to meet the new agenda. Those eagerly anticipating fresh revenue opportunities and the potential to employ new skills were mostly from larger groups.

Threats to the workability of the new contract were voiced loud and clear, and there was some feeling that pharmacists will only progress towards the enhanced services if the PCTs instigate and commission more clinical services.

Other concerns were that resources will be eroded by GMS contract overspends, in which case the model would not be viable for pharmacy as the reduced revenue for dispensing would threaten livelihoods.

While the mood of the survey was largely positive, a typical sentiment was that pharmacists will have to work harder to provide new services on top of existing ones for the same money.

I have long predicted this move, and with knowledge, because full-line wholesalers have been doing more work for less money for years. As the generic market grows and script and drug volume grows, cheap generic products replace expensive branded products. We do more work and we earn less revenue.

Pharmacists share our fate, and they are entering a world where their total remuneration depends on Government's willingness to enhance their earning potential through commissioning services rather than their buying skills.

The total remuneration for pharmacy including supply chain profit is now captured and monitored by the Department of Health. Dispensing volume will

probably increase at 8 per cent per annum. Will the global sum increase at the same annual percentage?

The research also showed that pharmacists recognise the importance of the IT and ETP revolution. But there is deep frustration about the absence of a voice within the consultation process, particularly locally at PCT level, which is rightly seen as the most crucial factor in the future success of retail pharmacy. Respondents said that the position of pharmacists in the consultation and agenda driving was unclear – in some areas there is good representation, in others not.

Small independents could suffer at the hands of multiples who have resources to invest in this process of engagement and the professional body for pharmacy will need to change its orientation to support those

"I would urge everyone to bang the drum for collective representation"

without a collective voice.

This voice is seen as extra critical when it comes to looking at how funds are spent. Pharmacists are much less likely to be heard if they are not represented and other professionals closer to the NHS may well vacuum up the money before pharmacy gets to it.

Staffing issues are a massive concern, with many groups now recruiting pharmacists from overseas to make up the deficit.

Fear was a common theme in this research: fear about lost

"Fear was a common theme of this research"

Steve Dunn



clinical skills and a lack of patient consultation skills, fear about leaving the safety of the dispensary and fear that the income stream for providing services would be snaffled by GPs. Some mentioned that pharmacists may become partners in GP practices.

The pursuit of funds in the commissioning of the enhanced services will clearly generate tension between doctors, pharmacists, nurses and other healthcare professionals. Pharmacists are not the only professionals interested in making money. Look at the planned extension of prescribing rights to physiotherapists, podiatrists and radiographers for example.

As for PCTs, they will be key to the future development of the profession and a successful dialogue between pharmacy and PCTs will enhance pharmacy's ability to prosper in this new world. Our research showed huge doubts about the PCT agenda.

The research had good news for wholesalers, who were seen to be providing a good service, and more helpful to pharmacists than the pharmaceutical industry in general. They were seen as being proactive in providing both IT solutions and packages to help deliver medicines management and other areas.

There was less good news for pharmaceutical manufacturers. In fact it suggested a gulf and a lack of support which we suspect the industry will wish to resolve.

There was a unanimous view that a change of focus was a key requirement for pharmacy. A change from being a retailer and a dispenser to being a healthcare professional, a change from an emphasis on throughput to an emphasis on quality and accessibility of care. We heard many quotes along the lines that "pharmacists are in the business of healthcare, not the business of pharmacy".

This research helps us to identify the support that pharmacy needs to deliver the future agenda. Pharmacists need the confidence to deliver. They need designed care packages, training support, resources in IT and in premises. They also need Government commitment and collective representation most importantly of all.

I would urge everyone to bang the drum for collective representation. We need to make a noise so PCTs and Government listen and assure us that the commitment to the future of pharmacy in this new world is made at all levels in the healthcare universe. ☺

Steve Dunn is managing director of AAH Pharmaceuticals.

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or exposure to partner with a sexually transmitted disease; pregnancy or suspected pregnancy, under 16 or over 60 years; known hypersensitivity to imidazoles or other vaginal products. Medical advice should be sought if the patient has any of the following: irregular vaginal bleeding; abnormal vaginal bleeding or a blood-stained discharge; ulcers, blisters or sores; lower abdominal pain or dysuria; any adverse events such as irritation or swelling associated with the treatment; fever or chills; nausea or vomiting; foul smelling vaginal discharge. This product may damage latex contraceptives; the patient should be advised to use alternative precautions for at least five days after using the product. **Side effects:** Rarely, local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by a physician. **Cost:** £1.99. **MA Number:** PL 0010/0077 **MA Holder:** Bayer plc, Consumer Care Department, 100, RG14 1JA. **Legal Category:** P. **Date of Preparation:** October 2000. **Product of:** Bayer AG.



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Our question to pharmacists this week was:

Do you think the RPSGB's three national pharmacy boards will improve pharmacist representation?

"In Scotland at times we feel a wee bit isolated and I think it will improve things"

Mark Blount, Dumfries

"Local areas have different objectives and this will mean they are better represented"

Simon Neville, Llandudno

"I think it's a good idea"

Raquel Argente,
Wolverhampton

Our online poll at www.dotpharmacy.com said...



Comment from the Editor

Two news items this week demonstrate that the new NHS pharmacy contracts really will change the way pharmacy businesses are run.

In Scotland, where the new contract will officially kick in next year, pharmacy contractors are being told that they must have suitable IT connectivity if they are to be paid, as claims and payments will be made electronically. In England and Wales, the details on staffing level requirements are now published: contractors are reminded that they will be penalised if they do not have sufficient pharmacy staff to dispense prescriptions.

These are just a couple examples of how pharmacists will need to change the way they work if they want to continue to flourish in the changing environment. Those who felt secure in their routine of many years of maximising prescription numbers while sourcing the best deals on stock may now be distinctly uncomfortable. No wonder one survey has indicated that there is a lot of fear borne of uncertainty out there.

Unfortunately, this change process shows

no signs of abating, so pharmacists will need plenty of help. But that does not mean that other people should simply be drafted in to boost numbers. Instead, some of that support should be about helping pharmacists develop their 'softer' skills so that they can redirect their energies, but without necessarily taking on any more work themselves.

This will involve them making the most of their resources, especially the rest of the pharmacy team. And that means leadership.

This is an essential skill, but may not be something that comes naturally to pharmacists. But in order to succeed in adapting to the changes being wrought within the NHS and the profession, pharmacists will need to hone their skills as leaders of people, not just as experts in medicines.

Pharmacists will need to hone their skills as leaders of people

Your views

E-mail your views to [chemdrug @ cmpinformation.com](mailto:chemdrug@cmpinformation.com)

There's something in the collaborative for everyone, says Sally Greensmith

Don't miss collaborative boat

Last month, more than 250 people gathered in Hinekley for the first learning workshop of the community pharmacy framework collaborative. Co-ordinated by the medicines management team from the National Prescribing Centre and supported by the DoH, it is the first to embrace all the strands of community pharmacy in England.

There are 28 multidisciplinary project teams, one from each strategic health authority, hosting the CPFC.

The overall goal of the collaborative is to realise the benefits of increasing the range and quality of services provided from community pharmacies as an

integral part of the NHS. The aims and objectives of the collaborative are all linked to the services in the new contractual framework and provide support for their implementation.

The workshops bring together community pharmacists from multiples and independents as well as PCT and GP practice staff to learn about collaborative methodology and its outcomes. They then spread this learning across the SHA to as many community pharmacies and other primary care providers as possible.

The medicines management team at the NPC will enable and support host PCTs and their

SHAs to accelerate the implementation of the new contractual framework and also develop service improvement guides, the first of which, *Repeat Dispensing*, is available at www.npc.co.uk/nms

Community pharmacists are urged to get on board by finding out, from the NPC website, who is hosting the collaborative in their area and contact the project facilitator to offer support.

Further information is available from www.npc.co.uk/nms or sally.greensmith@npc.nhs.uk

Sally Greensmith is assistant director of medicines management at the National Prescribing Centre.

Audit report raises profile of pharmacy

TOPICAL REFLECTIONS

Gaining the advantage in the promotional race

Any publicity is good publicity and Lloydspharmacy's idea for raising its profile at Westminster (*C&D, August 6, p10*) is, on the face of it, a good one. There is no reason not to send promotional material to MPs outlining services you offer. But it sounds like Lloyds could be promoting itself at the expense of other pharmacies to set itself apart in decision makers' minds. Some of the figures it quotes are indeed impressive but so they should be when you have well over 1,000 pharmacies. And is it such a valuable pledge to provide extended pharmacy services in consultation areas and work in partnership with the NHS

primary care team? Virtually all pharmacies will be doing this simply because they don't have much choice. To say that Lloyds is "ahead of the new pharmacy contract" implies that its pharmacies are ahead of the others.

Lloyds is to be applauded for its excellent services and well deserved awards but I hope that the NPA or the RPSGB have produced a manifesto on behalf of all community pharmacies. Independents can promote themselves effectively and honestly simply by offering excellent services. After all, MPs are as likely to visit their local pharmacy as any other member of the public.

Reading between the lines of the latest figures

The Government's latest prescription figures (*C&D, August 6, p10*) make interesting reading and give plenty of clues about the direction in which pharmacy is heading.

Prescription volumes march onwards at an alarming rate. This year's 5 per cent increase has not been matched by a 5 per cent increase in any of the following: staffing levels, my dispensary size, payments from the Government or number of hours in the day. Meanwhile, the following have increased by much more than 5 per cent: paperwork, time allocated to additional services, meetings and training requirements.

The 7.6 per cent increase in the national drugs bill is worrying and is one of the reasons why the

Government wants to make every conceivable saving in its payments to pharmacists. Increased generic prescribing must be good for the NHS but I'm saddened that my profits in this area are nothing like they used to be. The higher number of prescriptions per head reflects both an ageing population and up to date clinical guidelines with their obvious implications. The number of pharmacist prescribed items looks miniscule compared to the figure for nurse prescribing but this gap will surely narrow with time.

And last but not least, 686 million prescription items represents a staggering amount of paper prescription forms. The PPA must be praying for the widespread introduction of ETP.

Hospital pharmacy has been in the headlines this week and, for once, it is good news. Examples include: "NHS staff need help to get right medicine" and "NHS failing to control drug costs due to lack of pharmacists".

The cause of all this? Audit Scotland's report on managing the use of medicines in hospitals. Its recommendations have raised the profile of pharmacy considerably.

It exhorts the Scottish Executive Health Department to improve workforce planning, which it states is "in the early stage of development". A diplomatic way of saying it is virtually non-existent.

It bemoans the lack of electronic means to link prescribing and information about the patient and their condition and states that a national electronic prescribing and medicines administration system would help bridge many of the gaps. However, there is no mention of any link to the

Pharmacy must be represented at the senior level of decision making

electronic patient record.

Arguably the most important recommendation is that pharmacy should be represented at the senior levels of decision making in NHS Boards and operating divisions.

Unfortunately, some of the recommendations in the full document have not made it into the summary, which is all the policy makers are likely to read.

Into this category fall exploration of automation, reviewing clinical pharmacy services and plugging the gaps, pharmacist involvement in signing off medicines budgets and several others.

Overall, the document is extremely positive and should be a boost to hospital pharmacy. If the recommendations are actually

Stamping out the fakes

It is deeply unfortunate that counterfeit medicines have once again entered the UK supply chain (*C&D, Aug 6, p4*) and I only hope that none of the fake Lipitor was taken by patients. I don't understand how this happened but hopefully tighter controls will prevent further incidents.

It is a shame that Pfizer has used this incident to further its campaign against parallel imports when the MHRA has stated that PIs were not the source. I think PIs are here to stay, however much the manufacturers would like to see them removed. And the pharmaceutical industry must recognise that it operates within the European Union, where free movement of goods and trade is the aim. Allegedly.

All the other measures suggested by Pfizer sound sensible and practical although tamper-proof packets could worry patients if I have opened them to supply a prescribed quantity. I like to think that, as I see so many identical packets of medicine, I would be able to spot a fake if it reached me. The authenticity of parallel imports, however, I have to entrust to my wholesaler as they can look like pretty much anything.

At a time when the public is increasingly sceptical about the medicines it takes let's hope this evil trade is stamped out quickly before any more damage is done.



Written by a senior hospital pharmacist

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¹ The effect of Clitstim (Vielle®) on Sexual Response, by Professor Alan Riley & Elizabeth Riley, Journal of the British Association for Sexual and Relationship Therapy, 2003.

CCA COMMENT

Spreading the word

If all stakeholders in the new contract are going to realise its full potential benefits, disseminating good practice will be key, says Georgina Craig, head of communications and partnership development at the Company Chemists' Association

Over the past few years, the NHS has recognised the value of spreading good practice. The NHS Modernisation Agency, now superseded by The NHS Institute of Learning, Skills and Innovation (NLSI), spearheaded this work. And an important component of its efforts were the so-called "collaboratives". The first of these aimed to improve access in general practice, and latterly there have been collaboratives around medicines management, emergency care and the new GP contract.

Now community pharmacy has its own – the "community pharmacy framework collaborative". It will spread good practice amongst primary care trusts (PCTs) by collating data about PCT management of the contract implementation and pharmacy service development at local level. This will help ministers to evaluate whether the patient benefits envisaged from its introduction have been realised in practice by this more clinically focused contract.

The collaborative is likely to influence ongoing negotiations, and it is self evident that strong data to show that the contract is delivering patient benefits is likely to help PSNC negotiate further funding for advanced services in particular.

The collaborative will run for 12 months from July 2005 in 28 host areas, which cover more than 70 PCTs in total. PCTs and participating contractors collate anonymised data to help them to learn what works and what doesn't. There are also learning workshops, where teams share their successes and plan improvements.

The CCA supports the collaborative, and CCA member companies are keen to participate. To this end, CCA wants to ensure that there is a member company



representative on each of the 28 local project teams so that issues of concern – especially the detail of local measures – can be discussed. CCA also wants to ensure that there is an effective mechanism in place for feedback and dialogue between all CCA members and the collaborative sites.

As implementation of the new contract progresses, it is becoming clear that costs of rollout are a significant issue for contractors. This collaborative is an important part of that implementation.

Relatively speaking, only a small number of contractors are participating. But they are doing an important job on behalf of all the others. For that reason, CCA believes that PCTs should meet their participation costs, particularly backfill costs. Otherwise, participants are in effect being penalised – and that is not fair. PCTs are recognising this as well, with current feedback suggesting that over 80 per cent of the 28 sites have already committed to meeting backfill costs – and that is encouraging.

The collaborative places a spotlight on the progress of the new contract that our paymasters will scrutinise carefully. Pharmacy contractors need to support it and those who are delivering it. The results of their work will impact on all our futures.



This article can help in the following CPD competencies: **G1i, G1a, G1w, C2a**. A list is available at www.uptodate.org.uk/home/PlanRecord.shtml

Animal magic

This is the first in a series of six articles, written by members of the Veterinary Pharmacists' Group Committee. The articles will provide the most important basic information on petcare to allow pharmacists to respond in an informed way to requests for assistance. This first article, written by *Steven Kayne*, covers the pharmacist's involvement with petcare and looks at the public health implications of keeping animals.

Future articles will look in more depth at the care of dogs, cats, horses, pigeons and small mammals.

It has been suggested that well over half a million pet owners visit a pharmacy daily, giving plenty of scope for new professional and business opportunities. Much pet healthcare is prophylactic and it is possible to satisfy requests for assistance without contravening the *Veterinary Surgeons' Act 1966*.

This Act restricts diagnosis and treatment of animal diseases to veterinary surgeons or owners. Pharmacists are able to advise on availability of medicines when approached with questions such as "My dog has XYZ, what is available to treat it?", providing the owner makes the final choice, but not to suggest cures in response to "Can you tell me what's wrong with my dog and give me something to help?"

However, the Act is likely to be reformed at some time in the future and it is just possible that arrangements for supplementary prescribing could be included in the new legislation, offering even more opportunities for pharmacy.

We could again become an important source of information and supply to pet owners. Apart from this animal welfare role, pharmacists can make an important contribution to public health. Pharmacists can advise proactively on the need for regular ecto- and endo-parasitic treatment as part of an extended public

health role in controlling zoonotic disease (*see later*). The majority of zoonotic diseases result from contact with animal excreta, but risks can be minimised by good hygiene procedures. Health advice can be particularly important for pregnant women.

Under the Royal Pharmaceutical Society's *Code of Ethics*, pharmacies are discouraged from allowing animals on the premises.

However, such action may be difficult to enforce with elderly owners who cannot bear to be parted from their pet for even short periods. As with all aspects of pharmacy practice, a degree of flexibility is appropriate. Some pharmacies have fixed hooks on outside walls to which dogs (or even ponies) can be tethered. In the early days of a petcare involvement all that is required is a small, dedicated section with a discreet notice and sufficient product knowledge.

Interacting with animals

The centuries-old bond between people and animals has contributed to a variety of human needs. Animals first provided basic resources for living: food, clothing and transport, and material for shelter. Later, the



Cats live in close proximity to their owners and can transmit diseases

relationship developed to meet psychological needs of humans for companionship and security. This activity differs from most other forms of ownership in that its primary aim is for a complex relationship to develop.

Farmers run a business and keep animals to provide saleable commodities. With the possible exception of the sheepdog, decisions on whether to treat or slaughter animals are usually taken on economic grounds. Animal welfare and good husbandry are overwhelmingly

important to farmers and are repaid by optimised productivity.

The situation with companion animals is quite different, with rewards derived from the relationship itself. Larger animals can also be part of a special relationship – if a favourite cow or lamb becomes a family pet, return on investment may not be factor in its welfare. Just under half the households in the UK own a pet, with dogs and cats the most popular.

Continued on page 17



Things to consider before becoming a pet owner:

- Am I overly house-proud? Cat and dog hairs can get everywhere and some pets never stop chewing furniture (even if they have toys) and scratching paintwork on doors.
- Am I squeamish? Pet owners need to worm their animal, treat it for fleas or other conditions and generally clear up after it.
- Have all members of my household been consulted first?

What is a pet?

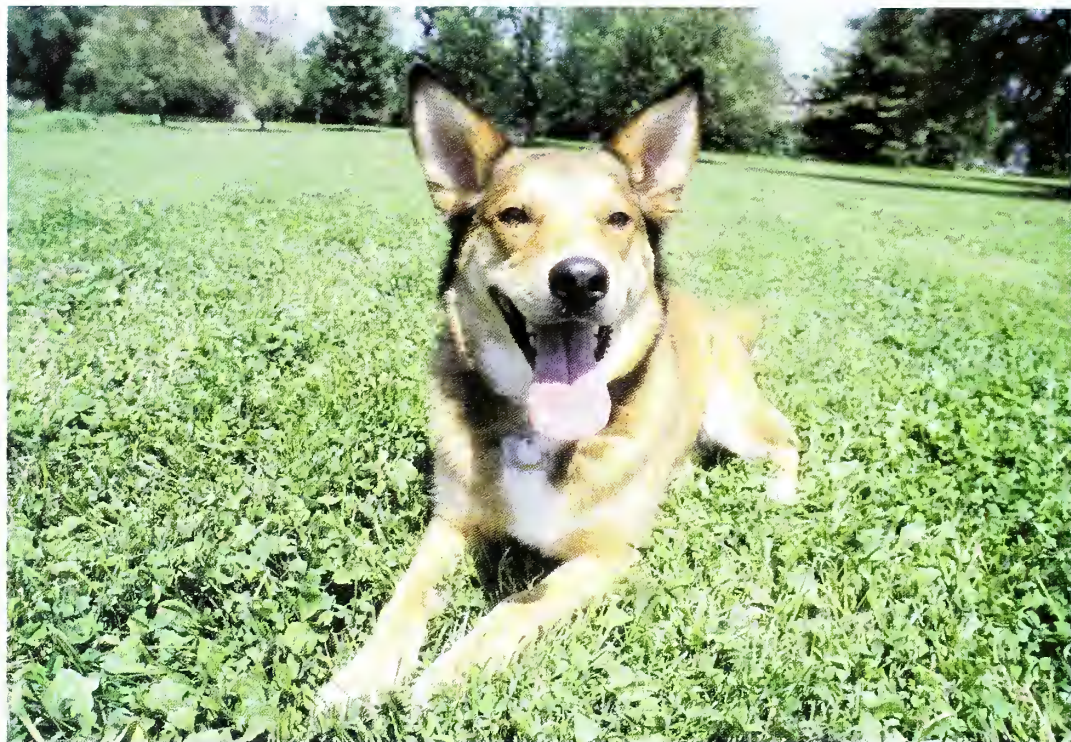
A pet is a domestic or tamed animal usually kept in the owner's house for pleasure or companionship and treated with affection. This definition does not cover some of the more exotic pets such as reptiles, snakes and spiders that many people find less attractive. Such animals often require specialist attention and prospective owners should seek appropriate veterinary advice before acquiring them. Nor does this definition recognise that some animals (mainly dogs and sometimes horses) start out as working animals and subsequently become a family pet.

Before obtaining a pet, the prospective owner should think carefully about why he or she wants an animal (see also Box). Pet ownership is great fun but a huge responsibility.

When making a decision to buy a pet, potential owners should spend time finding out the scope of their new responsibilities (for example, the amount of exercise required, special health requirements, the costs of feeding and healthcare). When a pet is received as a present these considerations are absent and a pharmacist's proactive intervention may be appropriate, especially when the client is known.

Responsibilities

It is an offence under the *Protection of Animals Acts 1911 to 1988* to cause an animal "unnecessary suffering". Failure to take appropriate action in the event of illness or injury, or to provide adequate footcare and worming could all be construed as "unnecessary suffering", although it is accepted that the courts would need to define the words "appropriate action" and



Pets, and especially dogs, can enhance human emotional and social wellbeing and relaxation

Reasons other than companionship for which pets are acquired include:

- To perform certain tasks (guide dogs or hearing dogs)
- For protection
- For the education of children
- Receipt as a present
- For ornamental purposes (exotic birds or tropical fish)
- For the sounds they make (song birds or parrots, macaws)

"adequate" in any set of circumstances.

Owners also have a responsibility within the law to ensure that their animals are not dangerous and to look after their animals properly, attending to their needs in terms of appropriate diet, exercise and treatment.

Advantages of pets

Therapeutic: walking a dog is a compelling stimulus to patients requiring exercise, particularly in cardiac rehabilitation or diabetes. Demonstrated physiological benefits include reduced blood pressure through patting and talking to a dog compared with only human conversation. The inclusion of animals as a positive therapeutic approach for the development, treatment and rehabilitation of people is still relatively new; however, orthopaedic benefits of horse riding are well known.

The Pet Health Council is running an initiative to encourage the nation to "Get fit with Fido". This lighthearted project aims to

encourage people to improve the fitness of themselves and their pets. Working with experts, the PHC has devised a Petsercise programme of activities for owners and their pets to do together (phc@uk.grayling.com). **Emotional and social:** pets, and especially dogs, can enhance human emotional and social wellbeing and relaxation, although tendencies towards humanisation are inappropriate. Even at a pre-school age, children derive psychological benefits from rodents, fish and birds. The companionship that a pet can provide is often of special value for the elderly.

Assistance: the enormous assistance given to the blind by more than 4,000 guide dogs is widely recognised. Seeing-eye dogs are exempt from many public health regulations that govern dogs in general. Dogs for the Deaf is a related scheme that provides specially trained dogs to people who are hard of hearing. The animal warns of a phone, doorbell or a baby crying, by touching the owner gently with its

paw and then leading him or her to the source of the sound.

Dogs and a cat have been reported to be able to warn epilepsy sufferers and their families of an impending seizure. They are thought to be able to detect electrical disturbances or minor body odour and behavioural changes.

Disadvantages

Under normal circumstances there is little problem with keeping pets but the potential for zoonotic infection is always present and pharmacists may perform a valuable watching brief on the situation. Further, ensuring a healthy pet involves regular use of prophylactic measures and here again pharmacists are well placed.

Zoonoses

Zoonoses are infectious animal-associated diseases that may be transmitted to man from vertebrate animals by bites, scratches, injection of saliva from ectoparasites, and inhalation of airborne agents. The definition includes human diseases acquired from animals and those produced by non-infective agents (such as toxins and poisons). Strictly speaking, the definition excludes ectoparasites, which act as intermediate hosts and can both transmit zoonotic diseases and cause them from allergic reactions or bites.

More than 200 zoonotic diseases

Zoonoses may be transmitted by:

- Contact through petting a companion animal. Dogs and cats live in close proximity to their owners and can transmit diseases (for example, echinococcosis and toxoplasmosis). Even greater danger is associated with exotic pets (such as parrots and monkeys) that may harbour potentially fatal infections (for example, ornithosis and herpes). In 2002 the first fatality in over 100 years from indigenously acquired rabies occurred when a naturalist and licensed bat handler died from a form of rabies acquired in Scotland.
- Contact through involvement with an animal casualty.
- Unintended contact with neighbours' animals or a stray.
- Physical damage (mainly bites) resulting from attack.
- Airborne spread (for example, droplets or dust). Cryptococcosis is a dust-borne disease associated with pigeons that is caused by species of the fungus *Cryptococcus*. It can invade skin, lungs, joints and subcutaneous tissue. Humans are relatively resistant to the organism unless they are taking corticosteroids or have diabetes mellitus.
- Transmission through environmental contamination (for example, toxocarasis).
- Transmission by a flea, mite, mosquito, sand fly or tick (for example, Lyme disease). Control of fleas and other related ectoparasites is important. Apart from a direct effect on human health, they can act as vectors in transmitting disease, thus also posing a zoonotic risk. For example, cat, dog and human fleas and lice can all act as intermediate hosts for the tapeworm; ticks are implicated in the spread of Lyme disease. Fleas can cause a range of allergies and skin conditions (including eczema) in humans. When infestation gets out of control, hungry fleas may even bite pet owners.

may be transmitted from animals to humans. SARS and avian flu are two examples. In 2003 a Dutch veterinarian who had been working on a farm infected with bird flu became ill with a strain of the disease and died of pneumonia. Fortunately comparatively few zoonotic diseases involve companion animals.

The diseases mentioned above and ectoparasite control will be described in detail in future articles in this series.

In some cases there may be more than one route of infection. Psittacosis (parrot fever) is a potentially serious febrile bacterial disease caused by the Gram negative bacterium *Chlamydia psittaci*, found in birds of the parrot family, and in pigeons, budgerigars, ducks and turkeys. In birds, it is mainly a latent infection.

There are two direct mechanisms of transfer of the organism to man – by inhalation

of air contaminated with faeces or plumage or by direct contact with dead birds, usually during post-mortem examination. The infective agent may survive in dust for many years, and indirect infection may occur in these instances by inhaling dust-borne organisms (see also Box).

Chlamydial infection in pregnant women can be life threatening, causing abortion or neonatal death. As a precaution, contact with birds during pregnancy should be minimised. Symptoms range from a mild influenza-like condition, with joint and muscle pains, atypical pneumonia, diarrhoea and vomiting, to endocarditis, myocarditis and renal problems, with immunocompromised patients at risk of encephalitis and meningitis.

Prevention and control

These are sometimes referred to as "primary prevention" (preventing the occurrence of disease through suitable hygiene methods) and "secondary prevention" (damage limitation after a disease has already occurred). Rehabilitation after the failure of primary and secondary prevention has been called "tertiary prevention".

Injury

Dogs and horses are most frequently implicated in causing injury to humans. Cats are also implicated in the UK. When either humans or pets are injured, it is important to administer prompt first aid. Appropriate immunisation should be considered if the skin is broken.

Toxins

People who purchase reptiles, spiders and other exotic pets may be at risk from toxic secretions or venoms. In such cases, owners should ascertain where treatment would be available should an accident occur. In practice, most venomous attacks are no worse than a bee sting, and a pair of sturdy gloves would offer adequate protection.

Allergies

Allergic symptoms resulting from contact with cat and dog hair (dander) can range from acute rhinitis and lachrymation to urticarial skin eruptions. More serious effects, including eczema and asthma, have also been reported. Skin reactions from fleas acquired from pets may be particularly troublesome. Some

people consider pet ownership to be sufficiently important to warrant ignoring chronic allergy symptoms and continue to allow their animals to sleep on their beds at night.

Treatment is normally with oral and/or topical antihistamine preparations. Isopathy, in which a sample of the animal's hair is made into a homoeopathic dilution, has also been used orally.

Extrinsic allergic alveolitis (bird breeder's lung or pigeon fancier's lung) is caused by the inhalation of antigens found in avian droppings. It is characterised by systemic and pulmonary symptoms of cough, dyspnoea and restrictive lung disease. A similar condition (farmer's lung) has also been described; symptoms usually appear four to six hours after exposure. Diagnosis is with the aid of immunological tests.

Further reading:

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Dr Steven Kayne is a community pharmacist from Glasgow with a special interest in companion animals. He is co-director of the RPSGB Veterinary Pharmacy Training Programme and has recently been appointed to the Veterinary Products Committee of the Veterinary Medicines Directorate.

Articles in this series have been adapted with permission of the Pharmaceutical Press from chapters in the following book: Kayne, S & Jepson, M (Eds), *Veterinary Pharmacy*. London: Pharmaceutical Press 2004.

Walking a dog is a compelling stimulus to patients requiring exercise. Benefits include reduced blood pressure through patting and talking to a dog compared with only human conversation



Folic acid link to birth weight

Low levels of folic acid during early pregnancy have been linked to low infant birth weight, a Newcastle study has found.

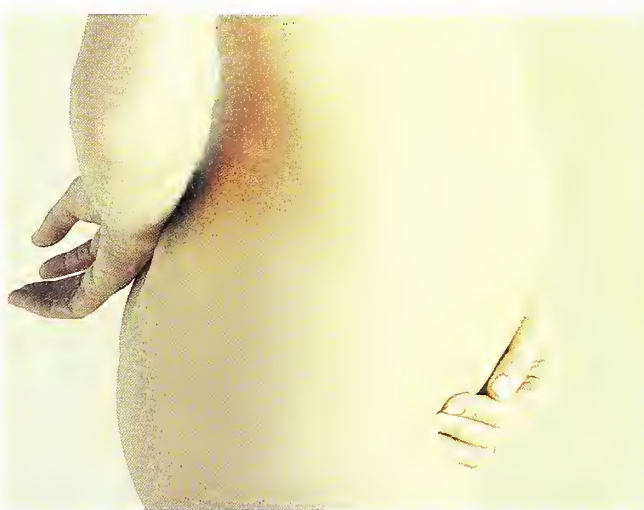
Although the benefit of taking folic acid before and during early pregnancy to guard against neural tube defects has been well documented, the researchers say this is the first time folic acid status at that time has been linked with birth weight.

The research team analysed the blood folic acid levels in blood samples supplied by nearly 1,000 expectant mothers during their first trimester of pregnancy. In addition, the birth weight of each participant's baby was recorded.

Increasing RBC folate status was significantly associated with increasing infant birth weight. Lead author Caroline Relton said the study emphasised the need for folic acid supplementation during the first few weeks of gestation, but also strengthened the argument for fortifying everyday foods to ensure all women benefited.

For more information:

Br J Nutrition 2005; 93: 593-599



Increasing blood folate levels were associated with increasing infant birth weight

Wet combing with conditioner better than lice lotions

Wet combing hair with conditioner is a more effective method of getting rid of headlice than chemical treatments, a BMJ Online First paper has said.

Over 130 children aged between two and 15 years with head louse infestations were randomised to receive a Bug Buster kit, containing instructions and

materials to undertake four combings on wet, conditioned hair every three days, or a proprietary headlice treatment (aqueous malathion 0.5 per cent or permethrin crème rinse 1 per cent). Participants were followed up five days after a chemical treatment, or 15 days after starting the wet combing regime.

The cure rates for malathion and permethrin were 17 per cent

and 10 per cent respectively. However, 57 per cent of the group who received Bug Buster kits were cured of their infestation, making it four times more effective than the pediculocides.

Previous studies investigating the kit have not produced such positive results and the researchers attributed their success to the improvements that have been made to the

fine tooth comb in the packs.

The authors highlight that some people may consider a cure rate of 57 per cent unacceptable, and conclude: "At present there is no readily available products that provide fully effective control of headlice, and there is an urgent need to identify safe, novel insecticides of proved efficacy."

For more information:

www.bmj.com

Scriptlines

Anquil tabs

Concord Pharmaceuticals has launched Anquil 0.25mg tablets (benperidol) for the control of deviant antisocial sexual behaviour.

Concord management services manager Annette Grover said the product had been launched to replace Benquil, which has been discontinued by Hansam Healthcare.

Although stocks of Benquil are still available, Ms Grover said these were running low and were likely to run out soon.

Recommended dosing ranges from 0.25mg to 1.5mg per day in divided doses, and varies according to the patient's age, severity of symptoms, general health and previous response to other neuroleptic drugs. For this reason, dosing should be initiated and adjusted under close supervision.

Anquil is contraindicated in comatose states, patients with extrapyramidal symptoms, CNS depression, depressive disorders or Parkinson's disease.

Where prolonged treatment is required, the SPC recommends

regular blood counts and tests of liver function be carried out.

Price: 112 tablets £104.00

Pip code: 317-4463

Concord Pharmaceuticals Ltd
Tel: 0870 241 2330

Flomaxtra XL

Flomaxtra XL 0.4mg tablets (prolonged release tamsulosin hydrochloride equivalent to 367mcg tamsulosin) have been launched by Yamanouchi.

The product is indicated for the treatment of the functional symptoms of benign prostatic hyperplasia (BPH).

Daily dosing is one tablet swallowed whole, with or without food, though it should not be given to patients with a history of orthostatic hypotension or severe hepatic insufficiency.



Yamanouchi, which is now trading as Astellas, says that the main side effect is abnormal ejaculation, which was reported by 2 per cent of patients involved in two placebo controlled trials.

Other adverse effects listed as "common" in the Flomaxtra XL SPC include dizziness, headache and asthenia.

Price: 30 tablets £17.55

Pip code: 316-4266

Yamanouchi Pharma Ltd
Tel: 01784 419615

Topamax addition

The product licence for Topamax (topiramate) has been extended to include a new indication.

Topamax 25mg, 50mg, 100mg and 200mg tablets and 15mg, 25mg and 50mg Sprinkle capsules are now additionally licensed for the prophylaxis of migraine headache in patients over 16 years.

Treatment initiation should be under specialist care only, and treatment should be managed under specialist supervision or shared care arrangements.

The use of Topamax for this indication may be considered for adults experiencing three or more migraine attacks per month, or for those suffering frequent migraines that interfere with the patient's daily routine, says the SPC.

Dosage should start at 25mg nightly for one week, then be increased by 25mg per day at weekly intervals to the total recommended daily dose of 10mg per day in two divided doses, though patients may benefit at 50mg daily.

For more information:

Janssen-Cilag Ltd
Tel: 01494 567567

Terbinafine

Following the patent expiry of Lamisil 250mg tablets last Monday, generic versions of terbinafine are now available from a number of manufacturers, including IVAX, Teva, Focus, Somex, Ratiopharm, Kent, Hillcross, Dr Reddy's, Wockhardt, Generics UK, Pliva, Alparma and Consilient.

For more information:

See Price List



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the health care industry in over 120 countries.

www.cardinalhealth.co.uk

Scrip lines

Protium tabs

The indications for Protium 20mg tablets (pantoprazole) have been extended to include "on demand" usage.

The SPC for Protium 20mg tablets states: "In patients with healed reflux disease, reoccurring symptoms can be controlled using an on-demand regimen of 20mg once daily, when required."

For more information:

Altana Pharma Ltd
Tel: 01628 646400

Nootropil

UCB Pharma has repackaged its Nootropil 1200mg tablets (piracetam) in 60 packs. The previous 56-pack of the drug, used as an adjunct in the treatment of cortical myoclonus, has been discontinued. The product price and Pip code have not changed.

For more information:

UCB Pharma Ltd
Tel: 01753 534655

Nutlis in sachets

Nutlis, Nutricia's modified maize starch product for thickening foods in dysphagia, is now available in 9g sachets. Previously, the lactose and gluten-free powder only came in a 225g tin.

RRP: 20x9g sachets £7.50

Pip code: 317-4406
Nutricia Clinical Care
Tel: 01225 768381

Niferex elixir

Tillomed Laboratories has announced that Niferex elixir (polysaccharide-iron complex equivalent to 100mg iron per 5ml) is back in stock.

The difficulties with raw materials have now been resolved, and the manufacturer says it has "a new and sustainable source". The 30ml pack size is available now, and supply of the 240ml bottle is likely to resume later in the year, says Tillomed.

For more information:

Tillomed Laboratories Ltd
Tel: 01480 402400

Vicks innovation cuts life of common cold

Vicks First Defence is a new nasal spray designed to stop a cold virus in its tracks before it develops.

The Micro Gel spray contains no drugs but uses a triple-pronged approach to attack the cold virus.

Sprayed at the back of the nasal passage, it first traps the virus by coating it with the viscous gel, stopping it from going any further.

Secondly, the gel has a low pH level which inactivates the virus.



Thirdly, the gel's ingredients trigger the body to create mucus, so flushing out the virus.

Manufacturer Proctor & Gamble says Vicks First Defence is most effective if used within 24-36 hours of the first signs of a cold.

For best results it should be continued until two days after symptoms have gone. It can also be used as a preventive – for example, when another family member catches a cold.

The launch is being supported by a £3.5 million campaign.

Price: 15ml £6.99

Pip code: 319-5561
Proctor & Gamble UK
Tel: 0800 597 4040

ALLERGY ADVICE Rapid response allergy relief  Active in 15 minutes

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For free pollen alerts text **POLLEN** to 85080* or log on to www.allergyadvice.co.uk

WEEK
STARTING
13 August

KEY FACTS

- Leeds, Glasgow and Newcastle will be on alert status
- Grass and weed will be the most dominant pollen types this week and next



POLLEN COUNT

- HIGH
- MED
- LOW



Information updated weekly by SDI

*Initial message is charged at your normal network rate. To unsubscribe from subsequent free alerts text 'atop' to 85080

*GSL status. Further information is available from Pfizer Consumer Healthcare, Watton Oaks, KT20 7NS

Antiviral tissue aims to combat the common cold

The first ever antiviral tissue has been introduced by Kimberly-Clark to its Kleenex brand. The three-ply tissue has a unique middle layer impregnated with an antiviral formulation to kill 99.9 per cent of cold and flu germs within 15 minutes, says the company.

Kleenex Anti-Viral tissue uses citric acid and sodium lauryl sulfate to kill common cold and flu viruses. The citric acid is said to lower the pH in the moisture from a runny nose, sneeze or cough and neutralises the virus protein, preventing it from replicating. Citric acid is effective by itself at killing viruses, including rhinoviruses, claims Kimberly-Clark.

Some viruses (for example Influenza A & B) are particularly difficult to kill because they contain an additional cell membrane to help protect the protein. The sodium lauryl sulfate in Kleenex Anti-Viral tissues is a "surfactant"



which disrupts this cell membrane and allows the citric acid to attack the protein.

A normal tissue used for just 30 seconds can contain 15,000 germs with the rhinovirus molecules able to survive for up to 24 hours. In consumer research, 74 per cent of consumers who tested the antiviral tissues said they would buy them.

The launch is being backed by a £3 million campaign to include TV and press advertising, promotional activity and a website for the product. Beginning in November, the TV campaign will run for 16 weeks.

Price: £1.69 for man-size and standard packs

Kimberly-Clark
Tel: 01732 594000

Immune boosting supplement



BioBran MGN-3, the supplement which has been used by cancer patients to strengthen immunity following surgery, has been launched in pharmacies.

The supplement is made in Japan by breaking down rice bran using enzymes from a compound found in Shiitake mushrooms.

The supplement contains a blend of glyco-nutrients, including arabinoxylan, polysaccharides and hemicellulose compounds. It is said to work by boosting white blood cells, increasing

T cell and B cell activity.

Taken as a regular supplement to maintain a strong immune system, two tablets daily are recommended.

For patients recovering from an illness, a 3g daily dose is recommended for the first eight weeks, and then 1g per day.

Price: 50 x 250mg tablets £46.95;

30 sachets x 1000mg £105;

105 x 1000mg sachets £350

The Really Healthy Company

Tel: 0844 840 1000

Eco-friendly feminine hygiene

Sea Pearls are a re-useable sanitary product for women who are concerned about the environmental impact of disposable sanitary products. The tampons are made from natural sea sponge and are free from dioxin, rayon and synthetic fibres,

so reducing the risk of toxic shock syndrome, claims the supplier.

The sponges are used like a tampon and cleaned in water. They can be used for up to six months.

Price: £15.98 for pack containing two sponges and muslin carrier bag

Pure Balance, tel: 01787 371527

Aquafresh: All areas except U, CTV, GMTV

Bisodol: Sat

Canesten Duo: All areas except CTV, M, CAR

Germoloids: C4

Lucozade Energy: STV, C

Lucozade Hydro Activ: STV, C

Lucozade Sport: All areas except U, CTV, GMTV

Macleans: All areas except U, CTV, GMTV

Pearl Drops Hollywood Smile Toothpaste: All areas

Ribena: All areas except U, CTV, GMTV

Sensodyne toothpaste: Sat

TENA Lady: All areas except U, CTV, LWT, GMTV

TENA Pants Discreet: All areas except U, CTV, LWT, GMTV

Zovirax Cold Sore Cream: C4, five, Sat

PharmaSite for next week: Solpadeine – Window, Care Summer skincare range – In-store, Pepto-Bismol – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



Space Yourself

Improve both inhaler technique and drug delivery for your adult and paediatric asthma patients with Able Spacer.

Cleverly designed to house the commonly used inhaler when not in use, the Able Spacer's universal adapter port accommodates all commonly used restricted dose inhalers.

The built-in coaching signal helps patients maintain proper inspiratory rate for maximum drug delivery. And the dual turn resistance silicone valve prevents exhaled air from entering the chamber making the Able Spacer suitable for Total Breathing.

To find out more about how to space yourself with the Able Spacer, call

Customer Services on

01279 414969

quoting reference 10012.

www.clement-clarke.com

Treat muscular pain with heat wraps

ThermaCare heat wraps have been launched as a way of tackling muscular pain without drugs.

The single-use self-heating wrap can help to relieve muscular pain in the lower back, neck and shoulders using iron oxidation. The foil pouch contains iron, charcoal, salt and water which, once opened,

react with oxygen to heat up to 40°C within 30 minutes.

ThermaCare gives eight hours of continuous relief and the wraps are made from comfortable, soft material designed to move with the body.

They are available in two sizes for lower back and one size for neck and shoulder pain.



The launch is being backed with a £2.5 million campaign to include TV advertising.

Price: Two back wraps, £5.99; two neck wraps £4.49

Proctor & Gamble UK
Tel: 0800 597 4040

Heinz new range for toddlers

Toddlers are notoriously picky eaters, so Heinz is making it easier for parents to ensure they get nutritionally balanced meals with the new Toddler's Own range.

The new range of finger foods, juices, soups and meals is designed to bridge the gap between baby foods and family meals. Finger foods include Mini Apple Bears, Mini Vegetable Biscuits, Mini Bears with prebiotics, Oaty Mini Rusks and Banana Cereal Bars. They provide 25 per cent RDA of key nutrients including calcium, iron and vitamin C.

Toddler's Own juices come in apple &

blackcurrant and apple & orange flavours, providing 80 per cent RDA of vitamin C. They are free from artificial colours, flavours and sweeteners.

The range of meals includes Spaghetti Bolognese, Vegetable Hotpot with Meatballs and Rice with Lamb Curry. There are three soups: tomato, chunky vegetable and minestrone. All are free from added salt.

Prices: Finger foods £1.89 for multipack of four or six; juices £1.89 for 3 x 200ml multipack; meals £1.19; soups £0.99

HJ Heinz Co Ltd
Tel: 020 8573 7757



Zanza vitamins distribution

Zanza Healthcare has appointed Kent Pharmaceuticals as the distributor of its range of vitamin products.

With immediate effect, all new orders for Zanza vitamins should be processed through Kent Pharmaceuticals, as should any queries related to these orders.

Customers should continue to order other generic products from Zanza Healthcare in the usual manner, says the company.

For more information

Kent Pharmaceuticals
Tel: 01233 638614
Zanza Healthcare
Tel: 01303 268103, jet@zanza.co.uk

Efamol's consumer-friendly look

The Efamol range of supplements has been relaunched in contemporary packaging.

The new packs extend across the Efamol, Efalex and Efamarine products.

The relaunch follows research which has found that consumers are still confused about which supplements to take. The new packs have been designed with clear, easy-to-understand graphics to convey the purpose of each supplement.

New to the Efalex range is Wild Berry Blast flavour Efalex Chewies, designed to encourage children to



take omega-3 and omega-6 fatty acids.

The Efamol range is being supported with a national press campaign and merchandising material for new Efalex Chewies.

Price: Efalex Chewies £4.99 for 30
Brunel Healthcare
Tel: 0117 959 7040

Anbesol and Wasp-Eze get new look for GSL status

SSL International has repackaged its Anbesol Adult Strength Gel and Wasp-Eze 30ml to launch the products as self-selection items.

The first of the P to GSL switches, for Anbesol, has seen its packaging being redesigned to appeal more to consumers, and comes with a shelf-ready tray. Anbesol Adult Strength Gel is suitable for adults and children aged 12 years and over and will retail at a RRP of £2.69.

In its GSL format, Wasp-Eze has been renamed Wasp-Eze Bites and Stings Spray. It is available in traded units of six and comes with a shelf-ready tray, where it will retail at £3.99.

SSL International says that Wasp-Eze sales are up 33.6 per cent year on year and the range currently commands a 9.6 per cent



market share (IRI latest 4 w/e 14 May 05).

The company points out that the rest of the Anbesol range (liquid and teething gel) and Wasp-Eze first aid spray 60ml will remain as P medicines.

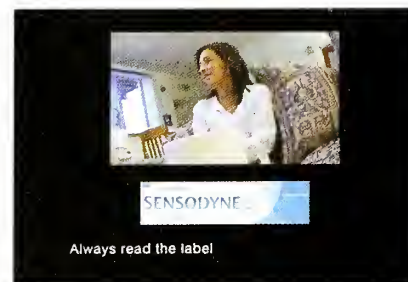
For more information:

SSL International Plc
Tel: 0870 122 2689

Sensodyne extends high profile TV campaign

Sensodyne is being supported with an extended TV campaign that runs until mid-November.

The advert features consumers discussing how sensitive teeth affect them and how a toothpaste for sensitive teeth has helped. The campaign is aimed at the 19 per cent of adults who suffer with sensitive teeth but do not use a specialist toothpaste.



For more information:

GSK Consumer Healthcare UK
Tel: 0800 100 9997

VMS revitalised

The 2005 VMS Market Report from Seven Seas shows vitamins, minerals, and supplements have contributed significantly to overall OTC sales growth

Healthcare in the UK has started to grow recently, and passed the £2 billion annual sales value, 3.5 per cent ahead of 2004. Within this, the VMS sector was slightly ahead of other sectors, growing 4 per cent to reach a value of £318 million (IRI data).

A TNS survey has also found that nearly half of the UK population takes a VMS product, representing one million more consumers entering the market this year.

Seven Seas has identified three main consumer types driving the market and key sectors within VMS (see boxes).

Within the UK VMS market, Seven Seas claims a 24 per cent share. Seven Seas is investing £13 million behind its major brands in

2005 and says that its forward-looking marketing strategy is paying off "not only for the Seven Seas business, but also for the VMS market as a whole".

Analysing the market, the company points out that several of its products are performing strongly in the various sectors:

Consumer types driving the market

- The 50+ segment accounting for 35 per cent of UK adults – who are interested in daily complementary therapies.
- 'Active urbanites' – busy lifestyles prompting a need for high performance products.
- 'Family therapists' – mums of school children.

● Seven Seas JointCare range claimed a 34 per cent sector share in June, with Health Perceptions at 32 per cent (IRI).

● Multibionta is driving the probiotic multivitamins sector, and the brand has a 38 per cent MAT share of the complete multivitamins sector. The other two key brands in this sector are Sanatogen Gold A-Z from Bayer Consumer at 32 per cent and Centrum from Wyeth Consumer Healthcare at 30 per cent).

● Haliborange Omega 3 for Kids range has a 28 per cent share of the children's omega-3 fish oils market, while Eye Q from Ceuta Healthcare takes a 45 per cent share, and Efalex from Brunel Healthcare has a 6 per cent share.

Commenting on the figures, Tom

Key sectors within VMS

- Joint care – based on glucosamine – this sector has annual growth of 20 per cent and is worth £30 million. This has two key players: Seven Seas, slightly ahead of Health Perceptions.
- Complete multivitamins (with the active urbanites entering the category) – growth was up 0.7 per cent to £15.1m.
- Children's omega-3 fish oils – this was up 66 per cent to £17.6m.

Hardman, Seven Seas marketing director, said: "Our innovative products backed with major advertising investment and hard-hitting PR have helped to encourage trial and drive category and segment growth.

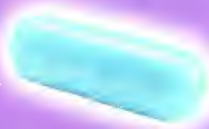
"All our focus brands are benefiting from our ongoing commitment to above the line campaigns, together with major PR initiatives. By focusing on the three main consumer groups which will deliver major growth for the future. We will be able to equip retailers with the brands, evidence and tools to take advantage of the latest trends in the VMS market."

GREAT VALUE THRUSH TREATMENT, NO MESSING



Care Fluconazole is a single dose oral capsule which should begin to clear up thrush within two days*. At an RRP of £6.99 for one treatment, Care Fluconazole offers significant value for money to your customers, as well as a healthy profit on return for you.

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*Source: Clinical Trials, 2004, 10, 10, 10, 10

care

Quality medicines at sensible prices

Who's the boss?

As the role of pharmacists expands, there will be a greater reliance on making the most of all the talents within the pharmacy team and pharmacists' leadership skills will come to the fore.

This week we start a series of articles exploring the current leadership debate as it affects our profession. Among the questions the articles will attempt to answer are:

Why should every pharmacist be more aware of leadership issues?

Do we have too narrow a view of 'leadership'?

What prevents us considering ourselves as being in a leadership role?

Are there some themes in leadership which differentiate it from management?

Can we consider situations which we can relate to?

In this first article, *Ian Harrison* considers the qualities needed for leadership

George Bernard Shaw said kings are not born, they are made by artificial hallucination. Perhaps that's why we joke about narcissistic tendencies in leaders and even in their followers.

The common mystique is the leader as a great person worthy of the drama of power and politics.¹ Leadership is seen as a psychodrama in which a brilliant, lonely person must gain control as a precondition for controlling others. The reality is more mundane and prosaic.

Leader? Who, me?

What are the issues that constrain pharmacists from seeing that they can and should embrace leadership concepts?

- Non-realisation that, in our small corner, we are leaders.
- A lack of well understood measurements to identify 'leaders'.
- Our professional isolation (compounded if we are in competition with other pharmacies).
- Inadequate facilitation skills to influence others.
- Historically, having been trained to be reactive (eg to a prescription, rather than proactively influencing the prescribing decision process).
- Belief that leadership and management are synonymous.

Aren't managers leaders?

Being in a position to lead doesn't make you a leader. There are a number of differences between managers and leaders (*see box*).

You will note some of these as we consider what sets 'leader managers' apart from 'run-of-the-mill managers'. These have been articulated in a health context by Gardner³ as:

- Long-term thinkers, who see beyond the day's crises and the balance sheet.
- Want to know the 'big picture', and so reach beyond their immediate sphere of influence.
- Place heavy emphasis on vision, values and motivation.
- Have strong political skills to cope with conflicting requirements of multiple constituents.
- Don't accept the status quo.

It is important to emphasise to pharmacy staff that you generally apply many of these bullet points in other areas of your life. Consider how they may be transferable to your work context.

Young leaders

Australian pharmacist Alison Roberts, speaking at the FIP Young Pharmacists Group forum,⁴ set out 10 commandments of leadership for pharmacists. We will examine them under six headings: Be prepared to experiment and take risks. Last year's FIP



MANAGER

Accepts the status quo
A clone who imitates
Administers and maintains
Does things right

Focuses on systems and processes

Relies on control
Asks 'How?' and 'When?'
Short-termist with eye on the bottom line

LEADER

Challenges the status quo
An original who originates
Innovates and develops
Does the right things
Focuses on people

Inspires trust
Asks 'What?' and 'Why?'
Long-range perspective with eye on the horizon

Young Pharmacists Group looked at the qualities of a leader. Crisis management should be in the undergraduate curriculum, according to American pharmacy manager Jerry Siegel.⁴

Overcoming fear, taking risks and making personal sacrifices may be the only keys to making progress on some issues. **Identify your vision and enlist others in your common vision.** Whether you are new to your workplace or have been there many years, consider current best practice and how it may be applied in your situation, given resource constraints. **Foster collaboration.** The presentation skills of young pharmacists is generally good. Less well understood is how to

This article can help in the following CPD competencies: **C1f, G1c, G1a, C1a.** A list is available at

www.uptodate.org.uk/home/PlanRecord.shtml



FB Meyer said in the 1950s that praise should be specific, sincere and timely (soon after the event). I was recently in a high street business that had just received a large cheque which enhanced its gross profit in a sluggish market. The manager decided on cream cakes all round.

However, there are a couple of essential precursors. Firstly, self-awareness. This assumes a flow of self-awareness from self-reflection through to self-knowledge and self-possession/self-control to self-confidence and on to self-expression – the ability to project (deploy) yourself positively. Since you are not generally conscious of this process imagine you are performing CPD on yourself.

The second precursor is your desire. What does it take to get up steam to act? My variant of what is sometimes called the Motivational Calculus suggests:

$$C = \Sigma(DVF/B) > P$$

Where C is change, desire is the factors within the brackets, D is discontent with the status quo, V is a clearly articulated vision, F is the first step(s) required to overcome inertia and B is the degree of belief or optimism that change can be effected in your context. If the perception of $D+V+F+B$ is greater than P, the pain (to be experienced in terms of loss of 'the way we've always worked', effort needed to be spent effecting change, investment in training, etc), then change can result.

A greater understanding of leadership can only be developed over time by diligent self-reflection based upon the feedback of others, including someone we view as a mentor. ☺

The next article, by Anne Adams, will describe how the NHS Leadership Qualities Framework™ can be applied by pharmacists.

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3. Gardner, JW. *The nature of Leadership. Leadership Papers #1. Independent Sector, January 1986.*
4. *Meeting Report. How to be a seven-star leader. Pharm J. 2004; 273: 495.*

Ian Harrison FRPharmS chairs the Institute of Pharmacy Management International.

- Search out challenging opportunities
- Be prepared to experiment and take risks
- Identify your vision
- Enlist others in your common vision
- Foster collaboration
- Strengthen people in your team
- Set an example
- Promote consistent progress
- Recognise individual contributions
- Celebrate accomplishments

enlist the co-operation of others within your team and outside it, such as local GP surgeries. Strengthen people in your team and set an example. Your team are looking for clarity and integrity. They form perceptions very quickly, which may or may not be accurate. Help them to feel involved and give them appropriate on-the-job support and any relevant off-site training. Promote consistent progress. You may have a grand plan which is daunting. Break it down into 'bite-sized' chunks and set a start date for the first. As with CPD, reflect on its impact before tweaking it and adding the next small phase. Your colleagues will appreciate being part of a team that is making progress. Recognise individual contributions and celebrate accomplishments. Psychologist



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Taking the risk out of self-care

In this fourth and final article in the current PAGB series looking at self-care, **Mike Owen** and **Kirstie Pace** say that consumers can cope with risk and uncertainty in using medicines. Health professionals need to support and guide them, not cosset them

Healthcare policy since the *NHS Plan* of 2000 has been strongly supportive of self-care and the need to encourage people to take greater responsibility for their own health. Support for wider self-medication amongst some health professionals, however, has sometimes been more guarded.

On the surface there is support for the concept of self-care and greater patient empowerment. But this sometimes looks overshadowed by underlying concern about

encouraging easier access to medicines. Can consumers/patients really be trusted to make sensible decisions regarding their medication?

A recent and quite public reflection of this perspective was the review by the BMA of trends in OTC medications, *Over-The-Counter Medication*.¹ The report clearly recognised and accepted how self-management of medical conditions is likely to play a more extensive and beneficial role in healthcare in the future. It also clearly highlighted how OTC medication enables people to take greater responsibility for their own health and makes it easier and more convenient to treat many conditions.

The report also endorsed the wider value of OTC medication by calling for a more strategic approach to be adopted to integrate OTC medication more closely within the NHS, a view that PAGB and the consumer healthcare industry has been advocating for many years.

On the other hand, though, the report stirred concerns in the wider media about the safety of OTC medicines. It claimed that consumers do not fully understand the potential risks attached to OTC medication.

PAGB reminded the public media at the time how all OTC medicines have to gain marketing authorisation from the MHRA to prove that they are effective and safe for the

public to use without a doctor's supervision. It pointed out that these marketing authorisations are checked every five years and only renewed if the safety profile is still satisfactory.

PAGB also clarified how, to help people use medicines correctly, there are clear instructions on the packs or within the patient leaflet and how researching shows that the vast majority of people (92 per cent) read the instructions carefully before taking a medicine or treatment for the first time. It is also a significant fact that nearly two thirds of medicines bought are repeat purchases.

Another point was how OTC medicines which contain ingredients that might cause problems if people take too many or for too long or could cause problems with certain medical conditions are restricted and can usually only be sold from pharmacies.

More education and training

The BMA report highlighted the need, given the increasing role of OTC medication, for consumers to receive more extensive education about self-care and how to deal with common ailments. It called for more and better information about OTC medicines, including benefits and precautions, to be available to the public. This makes good sense.

The report called for better education and training of health professionals and providers concerning OTC medicines and how they should be used and explained to consumers. Equally, good sense. There is a particular opportunity, for example, for pharmacy staff to get more in the habit of asking patients what OTC treatments they are taking; this would definitely help in avoiding potential undesirable interactions with other medicines.

To ensure better information on OTC medicines is given to patients, the report recommended formal user testing of patient information leaflets. OTC companies are already working on such requirements, which come into force later this year. These will help to make sure leaflets are written in a format and style which can be easily understood by consumers.

Another recommendation in the BMA report was for pharmacists to consider more formal record-keeping for their patients' use of



This article can help in the following CPD competencies: **G1f, C1c, C1f, G1m, G1o**

A list is available at

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OTC medicines and for inclusion of OTC treatments in the intended new NHS electronic patient record. This idea has merits, but it would probably mean a lot more work for pharmacy staff and there might be the difficulty of getting many consumers to feel comfortable discussing openly their use of medicines.

Risk versus individual autonomy

While supporting these recommendations, it's necessary to keep the notion of risk with OTC medication in perspective.

There are risks attached to any medicine or treatment. These range from damaged packaging to side effects/interactions to possible overdosing. But this is why OTC products, as indicated above, are carefully regulated, have clear labelling and why certain types are only available from pharmacies.

The key point, too, is that risk is found in all areas of life. Expecting anything to be risk-free is unrealistic. Staying in bed all day incurs the risk of bedsores. Drinking too much water or eating too much of a food product can kill.

Yet, somehow, people seem to expect that medicines should be risk-free and that no medicine with any risk at all should be available. This is quite unrealistic and perhaps the result of a society and health system where people expect to be cosseted.

Consumers are intelligent people and should be treated as such by government, health professionals and, indeed, the media. Unfortunately, consumers have often been misinformed, inadequately informed, confused or scared by the way risk has been communicated to them. As a consequence, consumers are often sceptical and even distrustful towards health experts.

An example of an issue with risk communication is that some health experts believe that risk can best be expressed in large numbers, such as a risk of one in a million or in terms of a 'friendlier' nominal scale using words like 'high' risk or 'negligible' risk.

The problem is that many people are not comfortable with data and, anyway, such information does not inform an individual about what it means specifically for him/her, taking account of their specific circumstances.

What most consumers and patients want is health information and advice they can trust as objective, reliable and relevant to them individually. They also usually prefer to be given an honest, balanced set of facts and issues about a medicine, so they feel more fully informed and can weigh up and appreciate any potential drawbacks as well as the benefits associated with a treatment. Most people can handle uncertainties and risks – they deal with such notions in many other areas of their lives, ranging from their job security, driving their car every day, flying on holiday or even crossing a busy road.

Certainly, people often need health experts – like pharmacists – to help their understanding, but the key point is that the health professional and patient should communicate openly together and engage in an honest dialogue where the individual is respected.

People want to be empowered in life. They want to be able to make decisions about what

affects them in their daily life, including their health.

This came out clearly from the recent PAGB/*Reader's Digest* survey³ of consumers' approach to everyday health conditions, as summarised in the previous article in this series. This showed, for example, how 87 per cent of respondents preferred to treat everyday ailments themselves, rather than go to the doctor, and that 91 per cent of people were satisfied with their last use of an OTC medicine.

There will always be a small minority of people who deliberately misuse medicines, and others who inadvertently and unfortunately experience an unexpected reaction or problem with a particular medicine.

But, society has to look mostly to the vast majority of people who use and enjoy the benefits of OTC medicines every day without any problem at all.

Balanced information and advice

The key need is to recognise and respond to the desire of consumers to self-care and help provide positive encouragement coupled with expert treatment information and safety advice, including balanced and 'consumer-friendly' information about relevant medication.

The NHS, as well as running dedicated public health communications campaigns, offers an increasing variety of health information sources, including NHS Direct and NHS Direct Online, to give direct help to consumers and patients.

OTC manufacturers also do a great deal too to help inform consumers about OTC medicines and how to use them – including product advertising, product leaflets, websites/helplines and informative editorial in all sorts of media used by consumers.

The OTC industry also funds a range of balanced information resources for consumers through its well-established Consumer Health Information Centre (CHIC).

CHIC provides information for the public in the form of leaflets, factsheets and a consumer website. The table below outlines some of the information it offers, which is

CHIC (the Consumer Health Information Centre)
www.chic.org.uk
Over the counter medicines advice line
020 8742 7042

Leaflets currently available

Getting the best from medicines you buy

A guide to allergies

The battle against colds and flu

Hay fever

Common ailments at home and at work

Caring for kids – a self-care guide to childhood ailments

Factsheets currently available

OTC medicines and pregnancy

OTC medicines and drowsiness

OTC medicines and children

OTC medicines and travel

To request copies of the leaflets or factsheets call
020 7404 7842

available to pharmacists and the public.

The BMA report flagged up the need to be aware of a minority of people who are at risk of misusing and becoming addicted to some OTC medicines. To help encourage people to use OTC medicines correctly, earlier this year CHIC launched an information leaflet entitled *Getting the best from medicines you buy* and an over the counter medicines telephone enquiry/advice line.

Written by a pharmacist, the leaflet explains the difference between P and GSL status medicines. It also answers questions such as "How do I know if a medicine is right for me and safe to use?", "What will happen if I take more than the recommended dose of a medicine?", "Who can I talk to if my symptoms have not gone away, or if I am worried about my use of over the counter medicines?", and "Why should I use my pharmacy and ask the pharmacist for advice?"

The over the counter medicines advice line answers general enquiries on usage of OTC medicines. The nurses running the line also have counselling expertise and are trained on how to handle callers who may be using medicines inappropriately.

In addition, to build the knowledge of GPs, nurses and pharmacists with regard to OTC medicines, we publish the PAGB *OTC Directory* each year (its online equivalent is www.medicchestonline.com). And C&D also publishes its *Guide to OTC Medicines & Diagnostics* in April and September.

OTC companies provide pharmacy staff with extensive training concerning OTC products, specific health conditions and several areas of personal and business skills relevant to running a pharmacy.

Of course, at the point when consumers are ready to buy an OTC product, pharmacists, with their staff, have a major role in giving appropriate advice, information and support to people. They also play a vital 'risk mitigation' role by questioning and monitoring customers in their use of medicines.

Partnership

Overall, responsible self-care and self-medication involve a partnership between the individual consumer/patient and health professionals, based on mutual respect and honest dialogue. People do need support and guidance, but the central issue for pharmacists, as for all health experts, is to have faith in most individuals' ability to deal with risks and uncertainties in life and to work with them, not 'smother' them or, inadvertently, take away their autonomy completely. ☺

The Proprietary Association of Great Britain is the UK trade association for manufacturers of OTC medicines and food supplements. More information about PAGB is available at www.pagb.co.uk

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1. Blenkinsopp, A, Bond, C, 'Over-the-counter medication', *BMA*, May 2005.
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Take the initiative

The Day Lewis Group is an expanding company that seeks to recruit people across all areas of the business

Kirit Patel established the Day Lewis Group 30 years ago when he acquired his first two pharmacies in Southborough, Kent.

This year the company opened its 106th branch and Mr Patel was awarded an MBE for his services to pharmacy in the south of England in the Queen's Birthday Honours List.

The first pharmacy with the Day Lewis name, at Sevenoaks, Kent, was the fourth acquired by Mr Patel and was originally owned by a pharmacist who was the brother-in-law of poet laureate Cecil Day-Lewis.

Today the company has a retail and wholesale pharmaceutical business in the UK and also supplies medicines and medical equipment to oil rigs and shipping companies. Its headquarters are in Thornton Heath, Surrey and it has achieved Investor in People status.

About 90 pharmacists and 30 pharmacy technicians are employed by Day Lewis.

As an expanding company it is looking to recruit people across all areas of the business and is currently seeking pharmacists, dispensing staff, training staff and area and retail managers.

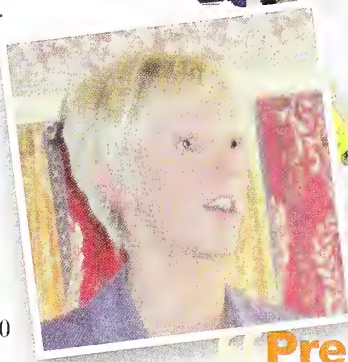
According to Anne Loh, head of a large department that encompasses training, HR and NHS service development, the company wants "bright individuals who are prepared to embrace the changes to community pharmacy and forge ahead".

There are opportunities for self-development in a dynamic and changing environment, working with other healthcare professionals to provide the best possible care for the local community.

"As a growing company, there are always opportunities for innovative individuals to advance," says Ms Loh.

Following a recent restructure of the company, Day Lewis is looking to employ retail managers in every store to manage operations and staff, thus allowing the pharmacist to focus on dispensing and services outlined in the new pharmacy contract, as well as relationships with other healthcare professionals.

When a pharmacist joins the company he or she will undergo an induction of between one



Inset: Anne Loh, and above, from the left: Linda Bell with two of her staff (Kay and Viv) and Kirit Patel

Pre-registered students are offered an additional bonus...

and five days according to their experience and skills and the requirements of their destination branch. Overseas pharmacists are trained for a minimum of one month. "We have an internally developed programme which they work to with another pharmacist as their mentor," explains Ms Loh.

Pharmacists will be offered a competitive basic salary plus bonus, which is target-based and measured on quarterly management figures. Pre-registered students are offered an additional bonus for making a two-year commitment to the company.

Performance reviews to monitor job satisfaction and career opportunities are also carried out.

Ms Loh cites herself as an example of a pharmacist who has followed a flexible career path with the company. She joined in 1992 and stayed for two years but left because at the time she felt there was no scope for progression. She rejoined in 2000 as a locum pharmacist.

Wishing to develop opportunities for the business on the south coast, particularly in the care homes sector, she took a role as area manager in 2001. After two years she joined head office as training manager, a new position created on her own recommendation. Within a year of setting up the training department and, wanting to take on a more strategic role, Ms Loh was given the opportunity to set up a human resources department.

"This has been an enjoyable and challenging role and I have gained a great deal of knowledge, as well as learning new skills," she says.

Ever ambitious, Ms Loh has now been charged with driving and implementing the new pharmacy contract within the 106-store group. Again, this will involve setting up an effective team to work with the existing network of field managers and training staff. "It should keep me stimulated for the foreseeable future. I have a diverse and interesting role and there's never a dull moment," she says.

Another good example of a pharmacist who has taken the initiative is Linda Bell, branch manager at Hassocks, West Sussex. Originally from Cheshire, Ms Bell worked as a locum for the Day Lewis group, then part-time, before taking a full-time role in Hassocks, where she has been for the past nine years. Keen to provide an excellent package for students, she has become pre-registration programme manager and has put together a thorough 12-month programme, which is being run for the first time this year with 15 students.

After an induction day that includes a talk on clinical governance, the students will attend 'diabetic' days, where they learn how to use a blood glucose machine; 'hypertension' days, where they will be involved in blood pressure monitoring; as well as an NPA training weekend where they will learn about the *Drug Tariff*, first aid, health and safety, hosiery management and other topics concerned with professional practice.

Ms Loh says the company had already made the commitment to take on pre-reg students before the grant rose to £16,000, but the increase has made this a "much more attractive proposition as it allows us to put together a comprehensive package for the students which focuses on their needs." ☺

For more information: www.daylewisplc.com

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Back ISSUES

Mawdsleys makes a promise

Mawdsleys' retail services director John Davies cannot but promise to do his best for customers now he is the proud owner of a scout T-shirt.

Mr Davies was presented with his own personalised scout T-shirt after Positive Solutions kitted out a local scout group ahead of their trip to EuroJam, the biggest scouting and guiding event to be held in Europe for 10 years.

Mawdsleys also provides guidance for the group too – in the form of commercial manager Martin Jones, who, in his spare time, leads the Knutsford troop.



Appointment



Steven Williams

Steven Williams has been named chairman of the Association of Independent Multiple Pharmacies (AIMp), replacing Peter Cattee. Mr Williams is a pharmacy contractor and sits on the Pharmaceutical Services Negotiating Committee as an AIMp representative.

Ten new academic staff have joined the University of Reading's new School of Pharmacy. The appointments and their positions are: **Dr Angela Alexander**, senior lecturer in medicines management; **Dr Andre Cobb**, pharmaceutical chemistry lecturer; **Dr Rebecca Green**, pharmaceuticals lecturer; **Vanessa Hayward**, medicines management lecturer; **Dr Vitaliy**



Angela Alexander

Khutoranskiy, pharmaceuticals lecturer; **Dr Cornelius Krasel**, pharmacology lecturer; **Dr Helen Osbourn**, pharmaceutical chemistry director; **Dr Gary Stephens**, pharmacology lecturer; **Dr Ben Whalley**, pharmacy practice lecturer; **Professor Liz Williamson**, pharmacy practice director.

Intercytex, the cell therapy company developing advanced woundcare products, has announced two board appointments. Both **John Aston**, chief financial officer at Cambridge Antibody Technology, and **Alan Suggett**, previously group research and development director at Smith & Nephew, have joined the Intercytex board with immediate effect.

Co-op races through triple peaks

Question: How long does it take to walk up 2,153 metres of North Yorkshire mountain?

Answer: Seven hours and 58 minutes – if you run a bit at the end, according to the fastest of seven teams from United Co-operatives, which tackled the Three Peaks Challenge recently.

The challenge takes in a circular route including the summits of Pen-y-ghent (694m), Wharfedale (736m) and Ingleborough (723m) and this year's Co-op teams raised £4,000 for two local hospices. The winning team, comprising Co-op staff and 'stringers', was led by Lindsey Fairbrother, group commercial manager (ethical products), who is pictured here



(centre, back row) with, back row, from the left: Andrew Murray, professional development pharmacist James Murray, trainee personnel manager Maxine Colduck and Fiona Blackwell, front row, from the left: Helen Cooper and Longridge Pharmacy manager Jennifer Thompson.

Four staff members from Balkwills Chemist in Portcawl, South Wales, have raised over £600 in aid of Cancer Research Wales by running 6km. The Balkwills Babes raised the money for cancer care at nearby Velindre Hospital with the help of pharmacy assistant and fundraiser Kay Sheridan. From the left are: Philippa Horton, Barbara Evans and Jennifer Howells, dispensing technicians, and pharmacist Georgina Lloyd



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Amsterdam is built around a web of canals so wherever you go you will always be walking beside or over water. There are colourful flower markets, traditional brown cafes and world class museums in this laid back cosmopolitan city. The very mention of **Paris** conjures up a multitude of images from pavement artists in Montmartre to Bohemian restaurants in the Latin Quarter. This is a city of romance, elegance, light and life – perfect for a short break at any time. **Bruges** is perhaps Europe's best preserved Medieval city. Now enjoying UNESCO World Heritage Status and with romantic canals and an impressive 14th century gothic city hall, Bruges is best explored by taking a relaxing canal cruise or a horse-drawn carriage tour.

The prize is £250 towards a Cresta Citybreak to Amsterdam, Paris or Bruges taken between 01 October 2005 and 31 May 2006 (subject to availability). The citybreak must be for at least 2 persons and must include return flights, or travel by Eurostar, and hotel accommodation for a minimum of 2 nights.



Rules 1 This competition is open to any pharmacist or permanent member of staff who works at an address which receives either *Chemist & Druggist* or *Community Pharmacy*. **2** Competitors may enter through *C&D* or *Community Pharmacy*, but may only submit one entry. Double entry will disqualify both entries. **3** Entries must be on an original coupon from *C&D* or *Community Pharmacy*, and to be eligible for the prize entrants must correctly answer the question on the coupon. **4** The prize offered will be as stated. No alternative holidays or cash prizes will be offered. **5** Names of winners will be published in *C&D* and *Community Pharmacy*. **6** In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into. **7** Employees of CMP Information Ltd, Travel Clubs International and trading divisions and their immediate families are forbidden to enter. **8** No purchase is necessary to participate. **9** The closing date for this month's competition is as printed on the entry coupon. Information you supply to CMP Information Ltd and TCI Direct may be used for publication (where you provide details for inclusion in our directories or catalogues and on our websites) and also to provide you with information about our products or services in the form of direct marketing activity by phone, fax or post. Information may also be made available to 3rd parties on a list lease or list rental basis for the purpose of direct marketing. If at any time you no longer wish to (i) receive anything from CMP Information Ltd or (ii) to have your information made available to 3rd parties, please write to the Data Protection Co-ordinator, Dept. PG685, CMP Information Ltd, FREEPOST LON 15637, Tonbridge, TN9 1BR or Freephone 0800 279 0357 quoting the following codes: (i) PG685C, (ii) PG685T

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For the relief from pain and fever;
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PRODUCT INFORMATION: NUROFEN FOR CHILDREN: Suspension of ibuprofen 100mg/5ml. **Indications:** Reduction of fever, and relief of mild to moderate pain. **Dosage:** 20–30mg/kg bodyweight in divided doses (see pack for details). Not suitable for children under 3 months of age unless advised by a doctor. For oral administration. For short term use only. **Contraindications:** Hypersensitivity to constituents. History of, or existing peptic ulceration. History of asthma, rhinitis or urticaria associated with aspirin or other NSAIDs. **Precautions and Warnings:**

If symptoms persist for more than 3 days, consult a doctor. Do not exceed the stated dose. Caution in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult a doctor before use. Nurofen for Children is not suitable for patients with stomach ulcers or other stomach disorders. **Side Effects:** Hypersensitivity reactions including (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma,

bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritus, urticaria, purpura, angioedema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Side effects may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration, renal failure. Also very rarely thrombocytopenia. Bronchospasm may occur in patients with a history of aspirin sensitive asthma. **Product Licence Holder:** Crookes Healthcare Ltd, NG2 3AA.

Legal Category: P. MRRP: 100ml: £3.59. 150ml: £4.59. **Nurofen for Children:** PL 00327/0085. **Date of preparation:** June 2005.

References:

1. Sidler et al. A double-blind comparison of ibuprofen and paracetamol in juvenile pyrexia. *Br J Clin Pract* 1990; 44(suppl170):22–25.
2. Kelley MT et al. *Clin Pharmacol Ther* 1992; 52:181–189.

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